

California Child Welfare Services



Eleven-County Pilot Project Evaluation Final Report

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Map of the Eleven Pilot Counties

Eleven California counties are participants in the ongoing pilot project that is the subject of this evaluation. Those counties are shown on the map below:



Executive Summary

Executive Summary

The Child Welfare Pilot Project was launched in 11 counties in 2003, and over the next few years these counties implemented three strategies to improve outcomes for children and families: Standardized Safety Assessment, Differential Response, and Permanency and Youth Transition. In addition, the pilot project was intended to achieve fundamental system change, reframing the role of Child Welfare Services (CWS), other agencies, and the children and families themselves.

To evaluate the outcomes of this pilot project, The Results Group has analyzed quantitative data from the Child Welfare Services/Case Management System (CWS/CMS), conducted multiple site visits in the pilot counties, and reviewed relevant literature. The findings summarized on the next two pages are presented in detail in the full report, which follows.

Overall Conclusion

Quantitative and qualitative data indicate that the pilot strategies are effective in achieving permanency for children – primarily through family reunification or adoption – while maintaining their safety and well-being. Also, the child welfare system is being changed fundamentally, with significant improvement reported by families, child welfare services staff, and other agencies.

1. The pilot strategies are driving fundamental system improvement.

- The focus of the system has transformed from “child protection” (a historical emphasis on removing children from unsuitable homes) to “child welfare” (supporting families’ ability to provide suitable homes).
- Increased collaboration creates a safety net for families. Fewer families fall through the cracks, more engage in services, and social workers are better able to support families.
- The pilot strategies have strengthened family assessments and the process for making child welfare decisions.
- Child welfare workers and community partners believe the pilot strategies are best practices that have improved their ability to achieve positive outcomes.

“It’s changing the community’s perception that we’re ‘baby snatchers.’ Instead, they see we’re here to help people do the best parenting they can. This has happened in 1 ½ years. The community knows what the changes we’re making are, and are very supportive of them.”

– County CWS Worker

“In ten years our county will be different because of these changes. Fewer kids will grow up in foster care.”

– Community Service Provider

2. The pilot counties have reduced the number of children in care.

From 2002 to 2009, the total number of children in care statewide declined by nearly one-third, from about 92,000 to about 65,000. Most of this decrease (about 62%) occurred in the pilot counties, although they only account for about 40% of the state's child population.

3. The pilot strategies lead to greater permanency.

- The percentage of children who are initially placed with relatives has increased more in the pilot counties than the non-pilot counties. Staff in the pilot counties attribute this to the commitment to permanency that is fundamental to the pilot project.

"We're placing children with relatives more often and faster as a result of front-end Team Decision Making meetings."

– County CWS Worker

- The pilot counties have increased the percentage of children exiting care to reunification within 12 months, while continuing to ensure child safety. The non-pilot counties have shown little change in reunification, but also maintained child safety.
- The pilot counties, most notably Los Angeles, have shown marked improvement in the number of children who are adopted within 24 months, which is particularly attributable to permanency and youth transition strategies.
- The pilot counties have dramatically reduced the number and percentage of children in long-term foster care, at a rate substantially greater than the non-pilot counties.

4. The pilot strategies maintain child safety.

- Both the pilot counties and non-pilot counties have made gains on the indicator "no recurrence of maltreatment." The pilot counties show slightly greater improvement.
- In the pilot counties, when a referral is substantiated, there has been an increase in the percentage of children entering foster care.

5. The pilot strategies enhance well-being.

- The pilot counties have made much greater improvement than the non-pilot counties in placing children in the least restrictive setting. They have successfully moved children out of group homes and shelters – primarily into guardianship or adoption. Many children in the pilot counties are moving from the most restrictive setting to the most preferred option, which is to exit the system.
- The pilot counties have shown slightly more improvement than the non-pilot counties in placing children with their siblings.
- Fundamental changes in the approach to child welfare result in a markedly more positive experience for youth, families, and agencies that support at-risk families.

"Through Family Finding, we're able to avoid placements in foster homes, and by finding lost relatives we've moved a lot of kids out of group homes who've been languishing there for years."

– County CWS Worker

Implications for the Child Welfare System in the Current Environment

The following represent the consensus of opinion regarding which strategies, and subsets or combinations of strategies, are most cost-effective and thus most important to maintain during times of dramatically shrinking budgets.

1. Conducting imminent risk and emergency placement Team Decision Making meetings (TDM's).¹
2. Applying up-front TDMs in tandem with other strategies.
3. Conducting Family Finding¹ as frequently and as early as possible.
4. Focusing on Path 2, rather than Path 1, in Differential Response (DR).
5. Integrating service provision with other county departments.
6. Co-locating with other county and nonprofit agencies.
7. Assigning workers to regions in geographically-dispersed counties.
8. Utilizing retired CWS staff and AmeriCorps workers for some aspects of pilot strategies.

Finally, the current budget crisis demands even broader system change involving foster care, health services, mental health, and alcohol and drug programs. Innovative strategies are needed that streamline service delivery, reduce costs, and achieve broad positive outcomes – the kind of fundamental change that has been exemplified in the CWS pilot counties.

¹ A description of TDMs, Family Finding, and other strategies is provided below (see pages 7-11).

Section 1:

Background Information and Context of the Evaluation

Evolution of the Focus of Child Welfare

Desired Outcomes. The approach to child welfare has evolved over time. In the early 1900's the child welfare system focused almost exclusively on child safety (i.e., removing children from unsafe homes). But social workers who investigated referrals of suspected child abuse and neglect faced a dilemma: whether to remove a child from the home to achieve the objective of safety, or keep the family together to achieve stability and permanency for the child. Over the decades, the emphasis shifted from a primary focus on safety to greater consideration of permanency. In recent years, the child welfare system has focused on achieving a balance among three objectives: child safety, permanency, and well-being. (See Appendix A for further discussion of the evolution of child welfare and Appendix B for a chronology of key historical events.)

The Current Situation: Complex Problems, High Need for Services. Societal factors continue to drive referrals to CWS, including substance abuse, poverty, homelessness, and domestic violence. The majority of children are referred to CWS for reasons related to neglect – reasons that might have been mitigated by provision of basic needs, rehabilitation and treatment programs, and family support services. Thus, child abuse and neglect is being recognized as a systemic social issue requiring solutions involving multiple agencies and children and families themselves.^{2,3} The CWS system alone cannot address the monumental and growing problem of child abuse and neglect in this country.

System Improvement in California. California has the nation's largest and most complex CWS system. The State of California sets policy and provides oversight, while the 58 counties administer the CWS program. Recognizing the social factors driving referrals, California has made significant progress in the last decade to improve its child welfare system. It has decreased its reliance on out-of-home placement and placed increased emphasis on supporting children and families, as well as removing barriers to permanency when children cannot return home.

In 2001, the California Legislature enacted AB 636, the Child Welfare System Outcomes and Accountability Act, which established an accountability system incorporating and expanding upon federal outcome measures. The California CWS Outcomes and Accountability System assesses performance and supports improvement in the following four areas: safety, permanency and stability, family relationships and community connections, and well-being.

In 2000, California established a Child Welfare Stakeholders Group, comprised of more than 100 members, to examine the state's child welfare system and make recommendations for improvement. The culmination of that effort was a comprehensive plan to improve child welfare outcomes, known as the Child Welfare System Redesign.

² "Child Welfare: Poverty and Families in Crises," The State of America's Children 2005, The Children's Defense Fund, October 15, 2007.

³ CWS Redesign: The Future of California's Child Welfare Services Final Report," CWS Stakeholder Group 2003, May 20, 2007.
<<http://www.cwsredesign.ca.gov>>

The Pilot Project: Three Strategies in Eleven Counties

The Pilot Counties. In 2003, the California Department of Social Services launched the Child Welfare 11-County Pilot Project, based largely on the system improvements recommended by the Child Welfare System Redesign. The strategies being piloted focus on safety, permanency and well-being outcomes. In addition, the pilot project was intended to achieve fundamental system change, reframing the roles of the key participants: CWS as an organization, county social workers, other agencies, and the children and families themselves. This change emphasizes greater inter-agency collaboration to support families. The responsibility to achieve better outcomes for families is shared among different agencies and disciplines, and with the family members. Another desired result was that a clearly articulated philosophical shift would result in a deeper commitment on the part of CWS leadership and staff at all levels to achieve permanency for youth, and that this commitment would result in pilot counties pioneering new approaches to achieve it.

The following chart lists the 11 pilot counties (presented from largest to smallest in total population).

County	County Abbreviation	Total Population ⁴	Child Population ⁵
Los Angeles	LA	10,363,850	2,796,694
Sacramento	SA	1,424,415	378,375
Contra Costa	CC	1,051,674	254,600
San Mateo	SM	734,453	163,565
Stanislaus	ST	525,903	170,314
Placer	PL	333,401	83,914
San Luis Obispo	SL	267,154	53,651
Humboldt	HU	132,821	27,659
Tehama	TE	62,419	15,014
Glenn	GL	29,195	8,035
Trinity	TR	13,966	2,818

The Three Strategies. The pilot counties were set up as trial sites for the combination of three pilot strategies:

1. Standardized Safety Assessment
2. Differential Response
3. Permanency and Youth Transition

⁴ Population Division, U.S. Census Bureau, <http://factfinder.census.gov/servlet>. Release date: March 19, 2009

⁵ University of California, Berkeley Center for Social Services Research, Child Welfare Research Center, Child Population Data Index.

These strategies were drawn from research-based practices that had been implemented in other states and, in some cases, various counties in California. Research showed these approaches to be likely to improve safety, permanency and well-being outcomes. Studies conducted at that time and since have shown promising results. (Appendix C summarizes some of these studies.) The following provides a brief overview of the three strategies.

1. Standardized Safety Assessment

Standardized Safety Assessment consists of a set of tools that assist the social worker in evaluating the family's circumstances and deciding how to address their needs. Given that variation in assessments can occur between social workers and between counties, the tools are intended to standardize the process so that any given family with its particular set of circumstances would receive the same assessment whether a new or more experienced social worker were conducting it, or whether they lived in San Diego or Eureka.

Generally, at the outset of a case the worker completes the screening tools while in conversation with the initial reporting party and directly afterwards. Other tools are completed either with supervisors, in the field during investigation, with the family, during case planning meetings, or over the course of several interviews. The tools support the social worker in gathering and evaluating information, and then making a decision about how and when to respond, whether a placement is appropriate, and whether a case is ready for closure.

Two Standardized Safety Assessment methodologies are available to California counties: Structured Decision Making (SDM) and the Comprehensive Assessment Tool (CAT). Both are based on research and experience in actual practice, and support the social worker in assessing the likelihood of future maltreatment. During the time of this evaluation, SDM had been adopted by seven pilot counties, and the CAT by four pilot counties (some counties have since changed systems). County workers report that they utilize the tools in almost all cases at what is commonly referred to as the "front end" of the child welfare process, (i.e., the initial assessment); however, it is less common for the tools to be fully utilized during later phases. The following chart delineates the pilot counties' 2009 estimates of their usage rate for SDM and CAT at the front end and later phases of the processes.

PILOT COUNTY STANDARDIZED SAFETY ASSESSMENT UTILIZATION ESTIMATES

Assessment Systems	Front End			Later Phases of the Process		
	Low	High	Average	Low	High	Average
SDM ⁶	78%	93%	90%	0%	69%	63%
CAT ⁷	55%	96%	85%	0%	59%	44%

⁶ SDM rates include only those that were timely in their completion. Initial Family Strengths and Needs Assessments (FSNA's) were not included in the above numbers, but averaged 77.7% for the seven pilot counties in January of 2009, ranging from 0% to 82.4%. If FSNA's had been included, percentages would have been higher. Data was provided by the Children's Research Center with the permission of the pilot counties.

⁷ Due to various challenges in accessing data, CAT rates were compiled from six months of data beginning 1/08 and ending 6/08. SDM rates were compiled from five months of data beginning 8/08 and ending 12/08. CAT Data was provided by the Sphere Institute.

2. Differential Response

Traditionally, child welfare has intervened when suspected abuse or neglect rises to the level that warrants a CWS investigation. CWS has stayed involved when risk levels and safety levels are high enough that they trigger the opening of a case. However, the majority of referrals do not warrant the traditional intervention, and many of those that are investigated do not result in a case opening. Differential Response (DR) creates more options for responding to families who are in need of help, but whose presenting issues or risk and safety levels traditionally would not have qualified them for CWS services. It brings together CWS and a diverse range of organizations to offer services for families in need, providing child welfare workers with a new set of resources with which to meet previously unmet needs.

While most California counties have traditionally provided some services to CWS families through other county agencies and community organizations, the process of referring families to services has often been informal, and the network of services uneven at best. Not all workers were aware of the resources available in the community, or how the family could access them. By implementing DR, the 11 pilot counties have created a more formal structure and a more comprehensive network to provide services to families. They have developed extensive collaborative relationships with other agencies and organizations, including work processes and protocols. Differential Response requires that a county's entire CWS system make a deliberate and significant shift to proactively responding to families. The result is that more families receive help to stabilize and ameliorate circumstances that are potentially harmful to children, avoiding the need for deeper child welfare intervention.

In California's DR approach, the intake team assigns the referral to one of three paths. The assignment of the path guides only the initial response to the referral.





























Path 1: Community Response. When child welfare agencies receive referrals that do not warrant an investigation, the county worker refers the family to outside agencies that offer appropriate services to support the family (including community-based organizations, faith-based services, or county agencies such as mental health, alcohol and drug services, and public health programs). Most counties contract with Family Resource Centers and other community organizations and refer families to a variety of resources within the community. Family participation is voluntary and may or may not occur.

Path 2: CWS and Community Joint Response. Path 2 is chosen when it is determined that the referral requires a CWS response according to statutory requirements, but services would likely stabilize the family. This path focuses on service engagement through a teamwork approach between CWS and community partners (e.g., non-profit service providers and other county agencies). Usually, a worker from a community-based organization, often a Family Resource Center, accompanies a CWS worker to visit the family to assess the need for services. A CWS case may or may not be opened; regardless, the community worker may provide services on a voluntary basis.

Path 3: CWS-Only Response. Path 3 is essentially the same as a traditional CWS response. When safety or risk is assessed to be beyond acceptable levels, the community is typically not

involved in the initial response and CWS intervenes as necessary. (However, in implementing the new service-oriented philosophy, the pilot counties increasingly strive to link even Path 3 cases to services in order to expedite reunification or perhaps avoid removing the child.)

IMPLEMENTATION OF DIFFERENTIAL RESPONSE IN THE 11 PILOT COUNTIES ⁸

County	Path 1 Implementation	Path 1 Partners: CBO and/or Public Agency?	Path 1 Engagement Technique	Path 2 Implementation	Path 2 Partners: CBO and/or Public Agency?	Frequency of Warm Hand-off at Path 2 Initial Response
CC	0-5 Population & Zip Code	CBO	 only	0-5 Population & Zip Code	CBO	Never
GL	County-wide	CBO – Public Agency Partnership	 then  or 	County-wide	CBO – Public Agency Partnership	Often
HU	County-wide	Both	  sometimes followed by 	County-wide	Both	Often
LA	Four offices	CBO	 	County-wide	CBO	Occasionally
PL	County-wide	CBO	  sometimes followed by 	County-wide	Both	Often
SA	Zip codes	CBO	 	Zip codes, emphasis on Path 2	CBO	Usually
SL	County-wide	CBO	 	County-wide	Public Agency	Rarely
SM	County-wide	CBO	 	0-5 population & substantiated referrals	Both	Usually
ST	County-wide	CBO	 followed by  	County-wide	Both	Usually
TE	County-wide	Both	 	County-wide	Both	Occasionally
TR	County-wide	Both	 	County-wide	Both	Occasionally
Legend:  = Letter  = Phone call  = In-person						
<div> <div>CC = Contra Costa GL = Glenn HU = Humboldt LA = Los Angeles</div> <div>PL = Placer SA = Sacramento SL = San Luis Obispo SM = San Mateo</div> <div>ST = Stanislaus TE = Tehama TR = Trinity</div> </div>						

⁸ Data provided by the pilot counties.

3. Permanency and Youth Transition

Permanency and Youth Transition (PYT) encompasses a range of possible tools and approaches, and of the three pilot strategies, offers the most flexible and expansive opportunity for counties to combine a variety of approaches to achieve the desired outcomes. The following three are commonly applied in the pilot counties.

Team Decision Making. Team Decision Making (TDM) is one of the core components of the Annie E. Casey Foundation’s Family to Family initiative. TDM meetings gather various parties to make decisions regarding the child and family. In addition to CWS staff, this typically includes the birth parents and the child or youth, and may also include extended family members, current and former foster families, county agencies, community-based and/or faith-based service providers, and other interested parties. A trained facilitator guides the meeting using a strength-based approach and ensures that all parties are actively included in the process. Depending on the county, TDMs occur at some or all points during the life of the case when placement is in question (for example, when a child is being removed from the home due to safety concerns, or when a placement change is being considered).

IMPLEMENTATION OF TDMs IN THE 11 PILOT COUNTIES ⁹

County	Primary Reason for TDM Meeting			
	Imminent Risk of Placement	Emergency Placement	Placement Move	Exit from Placement
Contra Costa	Usually	Often	Rarely	Always
Glenn	Always	Always	Occasionally	Rarely
Humboldt	Always	Always	Always	Often
Los Angeles	Usually	Usually	Occasionally	Occasionally
Placer	Rarely	Occasionally	Usually	Usually
Sacramento	Rarely	Rarely	Occasionally	Occasionally
San Luis Obispo	Often	Always	Always	Often
San Mateo	Usually	Often	Often	Usually
Stanislaus	Always	Always	Often	Occasionally
Tehama	Rarely	Occasionally	Often	Rarely
Trinity	Occasionally	Rarely	Rarely	Rarely

Family and Youth Engagement in Case Planning. Family engagement includes parents, guardians, youth and extended family in case planning. Research shows that better outcomes are possible when case planning considers the family’s knowledge and perception of their situation, and their own strengths, challenges, and service needs. Youth involvement includes the youth at every juncture possible, especially as they near their transition to adulthood. Youth are viewed as central to the process of setting goals, identifying support systems, and establishing or maintaining life-long connections.

⁹ Pilot counties were asked to describe the rate at which they held TDM meetings by choosing one of six descriptors: never, rarely, occasionally, usually, often and always. The information in this chart reflects their best estimates.

Family Finding. In addition to the two approaches described above, which were identified by the original Permanency and Youth Transition Workgroup, many of the pilot counties have also utilized Family Finding, which they report is a key component of their overall approach. The internet and other search methods are used by social workers, paraprofessionals or community partners to find members of the child’s family with whom permanency might potentially be established through reunification, guardianship, or adoption. Examples of those “found” family members include aunts, uncles, or distant relatives, as well as Non-Relative Extended Family Members (NREFMs). Some of them may not have been aware of the child’s circumstances until contacted by a worker. Searches may find a birth father who is listed in the case records as “whereabouts unknown,” or a parent from whom the child was removed years ago, but who has since become able to contribute positively to the child’s life. The chart on the following page illustrates how Family Finding has been implemented in the pilot counties.

IMPLEMENTATION OF FAMILY FINDING IN THE PILOT COUNTIES ¹⁰

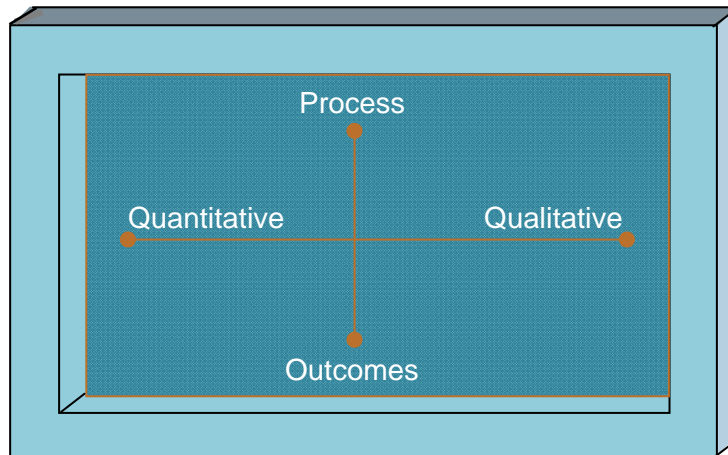
County	Family Finding Begins...	% of eligible youth who received services in 2007	% of eligible youth who received services in 2008	Average age of youth receiving services
Contra Costa	After initial assessment	5%	0% (Did not offer services in 2007)	16.5
Glenn	After initial assessment	Unable to determine	Unable to determine	Older youth
Humboldt	Permanency Planning; will soon bring to ER.	22%	14%	13
Los Angeles	Long term foster care; piloting in Permanency Planning and ER	19%	15%	14.7
Placer	Following the detention hearing	40%	55%	12.5
Sacramento	After initial assessment and throughout later phases of the process	9.5%	9.4%	CapKids: 6.5 Destination Family: 15.5
San Luis Obispo	Planned Permanent Living Arrangement	4%	8%	14.3
San Mateo	After initial assessment	0% (not offered)	8%	16
Stanislaus	Upon the scheduling of a removal TDM	100%	100%	Mirrors foster population
Tehama	Case specific	Not offered	5%	N/A
Trinity	At initial detainment	40%	47%	Mirrors foster population

Additional Approaches. The pilot counties implemented an array of other permanency programs, described in Appendix D, including adoption services, youth mentoring programs, Parent Partners and other family mentoring programs, the Annie E. Casey Foundation’s California Permanency for Youth Project (CPYP) program, and permanency publications/events.

¹⁰ Data is provided by counties and reflects their best estimates. Definitions of “eligible youth” vary – in some counties it includes all foster youth, in other counties it refers to those youth who fall into a Family Finding target population – often an older population.

Evaluation Purpose and Methodology

In conducting this evaluation, The Results Group utilized its four-dimensional evaluation methodology, which includes quantitative analysis, qualitative assessment, and evaluation of both processes and outcomes:



Quantitative Analysis. The Evaluation Team analyzed statistical data obtained from the website of the University of California, Berkeley Center for Social Services Research, Child Welfare Research Center, CWS/CMS Reports.¹¹ This data, while useful in monitoring progress on certain indicators, must be interpreted with caution. The Evaluation Team kept in mind a variety of considerations in utilizing this and other data (see below).

Qualitative Evaluation. The Team gathered data through document review, on-site observation, interviews, and focus groups. Multiple interviews and focus groups were conducted in each of the 11 counties (participants included social workers, supervisors, managers, support staff, community agencies, parents, foster parents, former foster youth, and other stakeholders). In addition, meetings were held with the Evaluation Steering Committee¹² and other child welfare experts to discuss child welfare trends, our data, and our findings.

Process Evaluation. The Team reviewed the process by which the strategies have been implemented, focusing on the programmatic changes (Standardized Safety Assessment, Differential Response, and Permanency and Youth Transition), as well as the accomplishments, challenges and implications for the future of the child welfare system.

Outcome Evaluation. The Team utilized all of the above information to evaluate progress toward pilot project goals and targeted outcomes.

¹¹ Unless otherwise indicated, data in charts and tables in this report are from: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Lou, C., Peng, C., Holmes, A. & Moore, M. *Child Welfare Services Reports for California*. Retrieved between August and October 2009, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>.

¹² This committee consisted of representatives from CDSS and each of the 11 pilot counties.

Evaluation Data

The pilot strategies were selected and the pilot project was undertaken to accomplish the broad goals of the child welfare system: child safety, child permanency, and child and family well-being. In addition, the pilot project sought to achieve fundamental improvement of the child welfare system.

In assessing the pilot project's progress in achieving these goals, the Evaluation Team looked at the indicators established as part of the California CWS Outcomes and Accountability System. For the three goals, reliable quantitative data were available for the following indicators:

Permanency: First Entry to Care with Kin; Reunification Within 12 Months; Re-Entry in Less Than 12 Months Following Reunification; Adoption Within 24 Months; Number of Children in Care More Than 36 Months; and Placement Stability Between 8 days and 12 Months in Care.

Safety: No Recurrence of Maltreatment, and Entries as a Percentage of Substantiations.

Well-Being: Children Placed in the Least Restrictive Setting, and with Some or all Siblings.

The time period for data presented is from calendar years 2002 through 2008, unless otherwise indicated. Data from other time periods are used under two circumstances. The first is when 2008 data are not available, in which case a clear indication is given in the text that 2007 data are being used. The second instance is when point-in-time data are used, which presents a snapshot as of the first date of each calendar year (for example, January 1, 2002).

Considerations in Comparing the Pilot and Non-Pilot Counties

As noted above, the Evaluation Team has considered several factors in looking at the data available for this evaluation. The following are examples of these considerations.

Not a Controlled Study. Had the pilot project been designed as a controlled study, the pilot counties would all have implemented the strategies at the same time and the non-pilot counties would not have implemented those strategies. This was not the case.

The non-pilot counties have implemented some of the same strategies as those being implemented in the pilot counties, or similar strategies. As one example, subsequent to the initiation of the pilot project, the state required all counties to implement Standardized Safety Assessment tools. As another example, some of the non-pilot counties participate in the Annie E. Casey Foundation's California Permanency for Youth Project (CPYP) program, which is an integral part of the Permanency and Youth Transition strategy in most of the pilot counties. Over time, as the non-pilot counties implement more of these strategies or implement them more fully, their outcome data improves and the difference between the pilot and non-pilot counties diminishes.

Some pilot counties began implementing some of the strategies before the formal start of this pilot project, as early as 2000; others did not. Therefore, it is difficult to establish a baseline from which to compare progress.

In many pilot counties, some strategies are being implemented only in a limited geographic area or with a segment of the population. Positive changes affect only families in that limited geographic area or population, and thus have a limited impact on countywide data.

Conflict between Different Indicators. Progress on one indicator may negatively impact others. For instance, relocating siblings together from separate placements is positive in that family connections are being preserved. However, that relocation is counted as a placement change, and thus can negatively impact the placement stability indicator, which looks for the desired result that “fewer children move from one foster care provider to another.” As another example, placing children with relatives is considered desirable, but may have a negative impact on the indicators for reunification and adoption (this correlation is examined on pages 27-28).

Point-In-Time Data. Data for a single point in time (i.e., January 1 of each year) provides a single snapshot of the children who are in care on one particular day (the first day of January of each year). While useful, it must be noted that this data includes children who have just entered care, are about to exit, and have been in the CWS system for varied amounts of time. In this evaluation, point-in-time data were used only when calendar year data were not available.

The Influence of Los Angeles County. Data for the pilot counties are often strongly influenced by Los Angeles County. This is not surprising, given that the population in Los Angeles represents approximately 70% of the total population for all of the pilot counties. To address this issue, this report presents data aggregated not only for the 11 pilot counties and the 47 non-pilot counties, but also separately for Los Angeles and the other 10 pilot counties.

Additional Considerations in the Child Welfare Environment

Various external changes (i.e., extraneous variables) occurred during the course of the pilot project, or were perceived by stakeholders of the child welfare system to have occurred. Two of these – an economic downturn, and a perceived shift to more difficult cases in the child welfare system – could have an impact on the quantitative data presented in this report. Therefore, a brief examination of these two factors is warranted.

Economic Downturn. The Results Group, working with a socio-economic researcher, found support for the assertion that economic hardship may have had an effect on families in 2007-2008. The economic downturn was officially given recession status as of December 2007,¹³ but some California economic indicators showed problems before then. California unemployment rates rose steadily between 2006 and 2008, consistently outpacing national rates.¹⁴ Home ownership rates in California were falling dramatically beginning in 2006, along with increasing apartment rental prices,¹⁵ particularly in urban areas such as Los Angeles.¹⁶ Taking these

¹³ National Bureau of Economic Research. *Determination of the December 2007 Peak in Economic Activity*, at <http://wwwdev.nber.org/cycles/dec2008.html>. accessed January 12, 2010.

¹⁴ U.S. Employment Development Department, *Three Year Trend in California and US Unemployment Rates, Seasonally Adjusted Data*, July 2009.

¹⁵ U.S. Department of Commerce: Census Bureau, at www.research.stlouisfed.org, 2009.

factors into consideration, it is reasonable to expect that the economic downturn had an effect in California in 2007-2008, placing increasing economic stress on families referred to CWS and potentially limiting the available options for foster home placements.

More Difficult Cases. Overwhelmingly, child welfare workers reported that families currently have more difficult or complex issues than families they dealt with just a few years ago. They indicated that the system is now better at diverting the less complex cases; thus, cases that are not diverted are more complex and severe. Often mentioned were increased levels of substance abuse and families that have multiple, severe issues.

The Evaluation Team found no consistent quantitative evidence that families in the system today have more complex or severe issues. Across California, both the number of referrals to child welfare and the number that are substantiated changed very little. Of those that are substantiated, there has been a slight rise (3%) in those that enter the system. Additionally, SDM reports published from 2005-2008 by the Children's Research Center (the SDM contractor for all California Counties) revealed that:¹⁷

Average risk levels were relatively constant from 2005-2007, then dropped slightly in 2008.

The percentage of referrals allocated to immediate response has remained steady.

The percentage of investigations resulting in *no* safety threats has risen 10% since 2005.

The percentage of cases where caregiver substance abuse was identified as a safety factor has declined every year since 2005.

For families with open cases, substance abuse actually dropped slightly since 2005 (decreasing from 33.7% to 29.4%), according to the Family Strengths and Needs Assessment.

Those adequately meeting visitation plans increased by about 10% since 2005.

The reunification safety assessment has identified fewer unsafe homes since 2005 (decreasing from 13.5% to 8.8%).

However, there is insufficient data to draw a conclusion as to whether CWS families currently have more difficult or complex issues than in the past, or workers' caseloads are made up of more challenging cases. It is conceivable that the very limited data that are available does not capture societal factors that are increasing the difficulty and complexity of family issues.

Furthermore, many factors have added complexity to the functions performed by CWS workers. In addition to numerous additional policy and procedural requirements, the pilot strategies themselves require additional work (e.g., convening and conducting TDM meetings, identifying and collaborating with community agencies, Family Finding activities, and generally working more closely with families, relatives, and others).

¹⁶ Survey of Los Angeles area renters by ApartmentRatings.com, May 2009, compiled by The Results Group.

¹⁷ From the 2005-2008 Children's Research Center reports "Structured Decision Making: Case Management in Child Welfare Services Combined California Counties" and "Comparison Data" supplement.

Section 2:

Findings and Conclusions

Overall Conclusion and Outcomes

OVERALL CONCLUSION

Quantitative and qualitative data indicate that the pilot strategies are effective in achieving permanency for children – primarily through family reunification or adoption – while maintaining their safety and well-being. Also, the Child Welfare System is being changed fundamentally, with significant improvement reported by families, CWS staff, and other agencies.

Five Overarching Outcomes

The quantitative and qualitative data indicate that noteworthy progress has been achieved toward the goals of the pilot project.

- 1. The pilot strategies are driving fundamental improvement in the Child Welfare System.**
- 2. The pilot counties have achieved a major reduction in the number of children in care.**
- 3. The pilot counties have made notable progress in achieving permanency for children.**
- 4. The pilot counties have maintained their commitment to child safety.**
- 5. The pilot counties' efforts have enhanced the well-being of children and families.**

The next five sections of this report present specific findings for each of these overarching outcomes.

1. The Pilot Strategies are Driving Fundamental System Improvement

Child welfare workers, community partners, and consumers alike tell of a fundamental shift that has occurred in the child welfare system. The pilot strategies, while not solely responsible for the shift, helped herald this change by providing much of the tactical roadmap needed to realize the philosophical transformation embodied in the objectives of the original Child Welfare Redesign. These included increasing community collaboration, providing prevention and early intervention services, preserving families and building their capacity to stay intact, and providing permanency options when families cannot be safely maintained. The pilot strategies have not only allowed the system to accomplish or make strides towards these objectives, the implementation of the various strategies has interacted synergistically to bring about numerous additional system changes, the most significant of which are explored below. Interspersed are quotes from interviews and focus group meetings conducted during the Evaluation Team's site visits to the 11 pilot counties.

A. The focus of the system has transformed from “child protection” to “child welfare.”

While the child welfare system is still primarily committed to the safety of children, it has expanded its role to support family capacity development through identifying service needs and then connecting families to those services that will ameliorate their challenges and help them thrive into the future. When families cannot be safely maintained, workers focus on developing permanency options that also take into account several child well-being outcomes.

“The whole system has changed. It’s not so black and white anymore. We’re considering people. Before it was, the rulebook says this. Now it’s we consider the situation and the needs.”

– CWS

“We’ve shifted to trying to keep kids in our community with their own schools and with family. We put more effort into doing this, as well as prioritizing placing siblings together – even if it means placing them out of county.”

– CWS

“Now families have alternatives where they can go seek help before they reach crises.”

– CWS

B. Increased collaboration creates a safety net for families – fewer families fall through the cracks, more engage in services, and social workers feel more supported.

The meaning of the term “Child Welfare System” has expanded, blurring the lines between “us” and “them.” In myriad ways, child welfare workers are cultivating relationships and collaborating with non-traditional partners for the good of youth and families. Differential Response invites non-profits and other agencies to provide services to families referred to child welfare agencies. TDMs include community members such as educators and religious leaders, capitalizing on their expertise and knowledge of the family. TDMs, in addition to other efforts, also include parents and youth in determining options and directing

outcomes. In many counties, trained former consumers lend their expertise through parent partner programs or advisory boards.

"Families become vested in their own solution. It's really families coming up with their own plan, not just follow their court plan. They're part of the solution." – CWS

"We sit at the table with supervisors, social workers and program managers. We helped with policies and procedures and help develop materials so the clients, family and community can better understand the agency." – Parent Partner (formerly a consumer)

"TDMs bring everyone to the table. There is more honesty, inclusiveness, and collaboration. You bring the mom's drug counselor to the table so the team has all of the information." – CWS

"We went from a closed agency to an open transparent agency." – CWS

Working collaboratively with other agencies creates a community safety net in which families are less likely to fall through the cracks. Involving partners means more attention is paid to families. When a family is struggling to meet its goals, a team of people is there to notice and offer help. Consequently, fewer families fail due to glitches in the system or lack of support.

"There are more eyes and ears all the way through to the end of the case." – CWS

"You can tell a difference between a DR case [and other cases]. With DR, the woman knows the name of the worker, who the person is. The worker has been at the house, they know if they relapse they need to call the social worker. In other regions, it is harder to get a meeting with a worker. Reunification doesn't happen as quickly." – CWS

"In Emergency Response I would keep my referrals open for longer to see if they would follow through; now I'm closing them faster because there is a safety net there." – CWS

Families are more likely to engage in services when community partners are present. Differential Response workers describe a distinct difference in how families respond when a community partner is present at the initial visit. Because community partners have no power to remove children, families reportedly feel safer and more relaxed in their presence, share more, and are more likely to engage in services.

"When they hear community services they feel relieved. When they hear child welfare, they don't want to engage." – CWS

"They would rather work with the community partner than a CWS worker." – CWS

"In our county, when the social worker goes out alone, 6% of families engage in services. When the social worker goes out with the FRC case manager, 78% of families engage in services. We found that the relationship that gets established at initial contact is critical for family engagement." – CWS

Social workers feel supported by the group decision-making and shared responsibility for case outcomes fostered by the pilot strategies. With increased collaboration has come increased investment by the community in child welfare outcomes. Many social workers no longer feel they alone carry the responsibility for a family's success, as other organizations, community partners, and families themselves all take responsibility as well. Additionally,

Standardized Safety Assessments often backs up social workers' decisions, giving them reassurance and validation.

"As we began to see successes and feel successes and the SW realized that they weren't the lone voice in the entire family dynamic, the SW became more empowered and came to know more things about the family and all the dynamics about the family." – CWS

"It is nice to have a tool to back-up your assessment in case someone questions it. As a worker if I say hey we need to remove the child and if supervisor says no then I have the tool to back up my decision. I'm sure in court it adds some validity to the report supporting the actions." – CWS

C. The pilot strategies have strengthened assessments and decision-making.

Workers referenced all three of the pilot strategies when discussing the increased quality of their assessments and an increased confidence in their decisions. By involving community partners, DR and TDMs bring additional knowledge and expertise to the table, which in turn surfaces a more accurate picture of the factors at hand. As additional evidence of strengthened decision making, the number of referrals deemed inconclusive has decreased dramatically, with the pilot counties showing a much greater decrease than the non-pilot counties.¹⁸

"I can often get more information because there is less stress for the family with the community partner there. I get more of the whole story." – CWS

"Compared to a social worker making a placement decision on their own, now we have a team of people who are working to identify the best course of action. You come away with a whole different perspective on how to help the child. It opens options." – CWS

Moreover, SSA guides workers to ask questions they might not have thought of or remembered, which also creates a richer foundation of data from which to make decisions. Focus group participants found front-end SSA tools particularly helpful, and were unanimous in their belief that SSA tools were a useful training instrument for those new to child welfare.

"[SSA] brings up things I didn't think about. It's a good reminder." – CWS

"What I have found useful is that as you elicit information on risk and safety from the reporting parties, they will sometimes talk about things that they wouldn't have otherwise shared – not because they were withholding but because they didn't think about it. It gives us a more comprehensive picture of risk and safety factors to make our decision which results in a more appropriate response or a differentiated response. We could get information that changes the course of our intervention because we get the big picture." – CWS

"The tool causes us to slow down and it helps guide decisions." – CWS

¹⁸ Between 2003 and 2008, the percentage of inconclusive dispositions decreased in the pilot counties by 14 percentage points (from 30% to 16%). In the non-pilot counties, it decreased by 6 percentage points (from 21% to 15%). Looking at the four dispositions (Substantiated, Inconclusive, Unfounded, and Assessment Only), two changed very little – Substantiated and Assessment Only. Unfounded increased, most notably in the pilot counties (from 34% to 50%, versus 34% to 44% in the non-pilot counties).

“On every call we get I am using that tool. I am listening and looking at the tool as the conversation progresses. At the end of the conversation I go back and review the tool and follow-up on some of the issues. The tool covers information we may have forgotten and it’s a guide and in that sense it is probably worth the additional effort it takes to do it.”

– CWS

“The tool is beneficial for new social workers because it helps them have conversations with the families. It is structured and helps them know what to do next.”

– CWS

Workers reported that Structured Decision Making, in particular, serves as a system of checks and balances, which is especially helpful when the best response is not clear. Child welfare workers are tasked daily with making decisions that profoundly affect families, so having a system that supports their decision-making allows many workers to feel more confident in their conclusions. In fact, even in cases where workers reported that they probably would have reached the same conclusions without SDM, those workers still appreciated having the tool affirm their decision-making process. In situations where the decision was difficult to make, workers reported turning to the tool for guidance.

“We’d think things like I need to return this kid and I’m so nervous. I couldn’t sleep last night I kept thinking about this case. Social workers used to worry about their decisions. Now they feel more confident and less anxiety about their decisions.”

– CWS

“On borderline cases, the worker found that using the SDM helped them determine what way to go. This is true on the front end and on the back end.”

– CWS

Finally, SDM users reported that, when used correctly, it reduces subjectivity and variances between social workers, allowing for more consistent decision-making. Because SDM requires all social workers to ask the same questions and give the same weights to safety and risk factors, they felt it helps to standardize their reactions to child welfare incidents. Conversely, many also acknowledged that the system is only as good as the information going into it, so social workers’ personal perspectives could influence its results. Still, workers believed the SDM was used properly by and large, resulting in decisions that were less at the whim of individual personalities and experience levels.

“SDM helps by not making the decision subjective; that is the beauty of the SDM. We used to have so many people’s personalities and skill levels, or supervisors’ biases.”

– CWS

“Previously, which supervisor I had would determine what advice I got, and whether it was good advice or not.”

– CWS

D. Child welfare workers and community partners believe the pilot strategies are best practices that have improved their ability to achieve positive outcomes.

Social workers and community partners frequently spoke with excitement about the ability of the pilot strategies to positively impact safety, permanency and well-being outcomes. Because the strategies reportedly allow them to work with root issues and more holistically address family strengths and needs, they often referred to their efforts as “real” social work. Furthermore, in some instances other systems have recognized pilot strategies as best practices and adopted them or included them in their standard operating procedures.

"If we can throw in those preventative services and they utilize them, then it may be that we either don't need to be involved or we can go to voluntary services. And the community becomes a stronger support system for the family and the family becomes less isolated. This means children are safer because they have more people taking care of them, the parents are healthier, and then the kids can stay in the home. The SDM helps with this because the boxes make us think about the things that we can do to keep the kid safe while keeping the kid in the home." – CWS

"DR workers are making a difference in families' lives." – Community Partner

"Front-end TDMs have had a big impact – it means the child might not come into the system. Providing more services and expertise contributes to permanency." – CWS

"We've had a lot of buy in from the judges. They recognize that there's been a team approach and there's typically zero hesitation that this is what needs to happen." – CWS

"This is the true model of social work, and it's the best way to support families." – CWS

SDM can allow families and the community to better understand social workers' decision-making criteria, so decisions are often met with less resistance. Standardized Safety Assessment tools clearly define and then weigh safety and risk factors so that the criteria on which a decision is based are transparent and accessible. Many social workers refer to the SSA tools when discussing their decisions with families and other stakeholders because the tools clearly delineate and depersonalize the factors that led to their conclusions.

"SDM gives us an opportunity to tell the community that here is the criteria, and although the report may be concerning, it doesn't meet the criteria for investigation." – CWS

"When we have meetings with the families the SDM gives us something to talk about and keeps the worker focused. They tell a parent this is what you need to do to be successful, versus 'You need to be a better parent.' You know if they address those three things the risk is going to go down and they'll get a positive outcome." – CWS

"There are fewer continuances, less progress reports, less contested hearings." – CWS

Because of Differential Response, more families appreciate child welfare intervention. New to the experience of some social workers are families who appreciate child welfare intervention – so much so that they have referred other families to either child welfare programs or their community partners. In fact, relatives and neighbors who have witnessed the positive changes of families referred to the system have inquired about how they, too, can access the same services.

"Some families will say they see the CWS report as a blessing – if it hadn't happened then the families wouldn't have been connected to services to meet their needs." – CWS

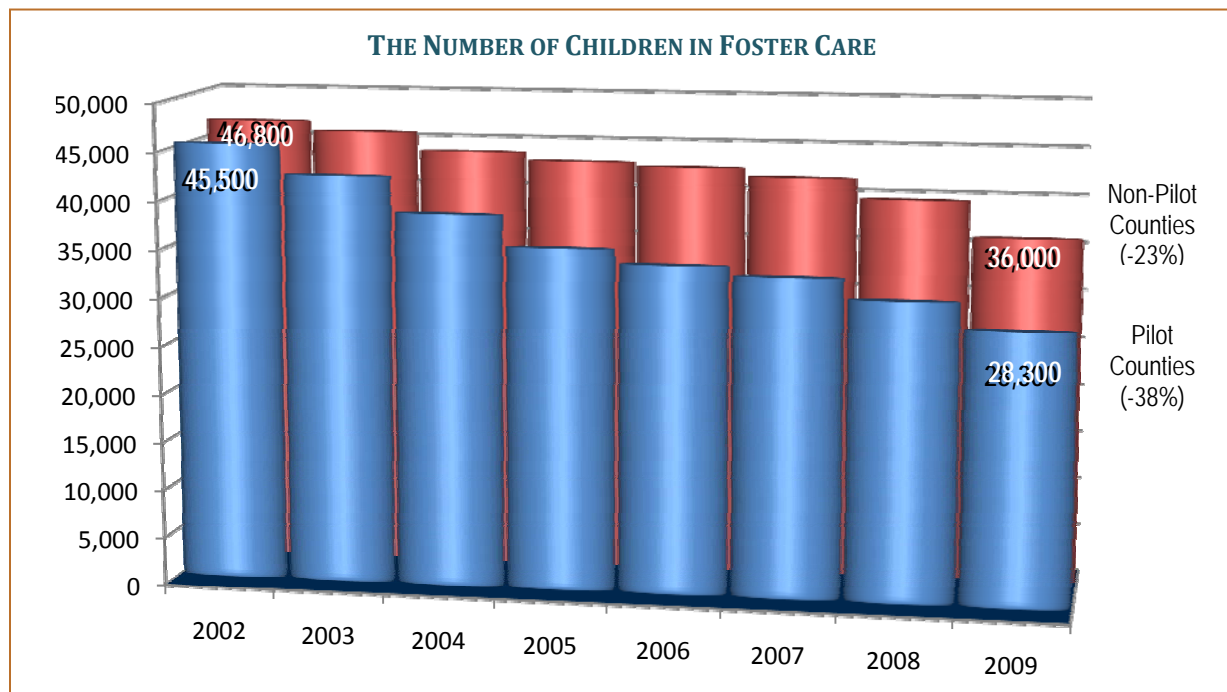
"In a case that went from Path 1 to Path 3 – they wrote the social worker to thank them for the services. They acknowledged that they needed a higher level of services." – CWS

"I've gotten the feedback that they are so glad child welfare did do something with the referral. In my second year, I'm finding that other family members are now coming into the FRCs because their family members have received services." – CWS

2. The Pilot Counties have Reduced the Number of Children in Care

It is important to understand the context of the child welfare system over the past seven years and the fundamental changes that affect the meaning of the pilot county data. Between 2002 and 2009:¹⁹

The **total number of children in care** statewide has declined by nearly one-third, from about 92,000 in 2002 to about 65,000 in 2009. Most of this decrease (about 62%) occurred in the pilot counties, although they account for only 40% of the state's child population.



The **annual allegation rate (i.e., referrals)** has remained relatively constant over this time period.

Of those referrals, the **substantiation rate** has shown a slight decline consistently from 2002-2009.

Of those that are substantiated, the annual **number of children that enter care** has decreased by about 8%.

More Children Exiting the System in Pilot Counties. The primary cause of this reduction was not fewer children entering the system; rather, a higher number exited the system. Entry rates system-wide have remained relatively constant since 2002. However, exits have remained higher than entries for the same time period, with the pilot counties showing a greater difference between the two. This increased rate of exits results largely from pilot counties' efforts to achieve permanency through adoption, guardianship, and kinship.

¹⁹ Point in time data as of January 1 each year.

	For Every Child Entering the System, How Many Exited?	Reduction in Total Number of Children in Care
Pilot counties	1.17	38%
Non-Pilot Counties	1.08	23%

As shown in the above chart, for every child entering care in the pilot counties, 1.17 exited. In the non-pilot counties, for every child entering care, 1.08 exited. This results in the pilot counties showing a 38% reduction in the total number of children in care, versus 23% for the non-pilot counties. (The bar graph on the previous page compares pilot and non-pilot county reduction rates over time.)

A focus on permanency efforts throughout the life of a case, including reunification, adoption, and guardianship, likely contributed to the steady exit of children from the foster care system over time, along with emancipation. As with the fundamental system changes explored above, the confluence of the pilot strategies, as well as other efforts like concurrent planning²⁰ and wrap-around,²¹ contributed to this dramatic improvement.

On the front end, programs like TDMs and SSA reportedly contributed to the change. Workers spoke to how TDMs help locate placement and permanency options they often would not have located on their own, creating more possibilities for adoption and guardianship. Standardized Safety Assessment was cited as a contributing factor as well, with case workers indicating that it focuses case planning and service provision on root issues, which increases a family's likelihood of successful and lasting reunification.

Counties spoke of the ability of their Family Finding programs to achieve permanency for youth who had been in long term foster care. These youth, who would have been more likely to languish in the system before the implementation of Family Finding programs, instead can often be placed with "found" relatives, and in many cases, ultimately exit the system through guardianship or adoption. Los Angeles, the county with the most dramatic drop in foster care rates, cites their Permanency Partners Program (P3) (which rehires retired social workers to do Family Finding part time) as a major factor in their dramatic decrease.

²⁰ "Concurrent planning" is an approach in which CWS works toward family reunification while simultaneously developing an alternative permanent plan. For instance, when a potential foster parent is going through the licensure process, CWS may consider that foster home's ability to meet not just the criteria for foster home licensure, but also adoption at the same time. Thus the foster home avoids having to be re-evaluated if the child is unable to be reunified with his/her family and the foster family is interested in adoption.

²¹ In wraparound, significant support is provided to the family in order to reunify children who are in group home placements.

3. The Pilot Strategies Lead to Greater Permanency

Format of the Charts

The data for the pilot counties is often strongly influenced by Los Angeles County. This is not surprising, given that the population in Los Angeles represents 70% of the total for all of the pilot counties. In order to show this influence, the line charts in the next section present four lines:

The pilot counties – aggregate data for the 11 counties, represented by a solid red line.

The non-pilot counties – aggregate data for the other 47 counties, represented by a solid blue line.

The pilot counties not including Los Angeles, represented by a dotted orange line.

Los Angeles County by itself, indicated by a dashed green line.

Order in which the Goals are Presented

The findings regarding permanency are presented first in this section, not as an indicator of importance, but because data were available for the greatest number of indicators in this area, and the results are the most salient. Also, placement with relatives affects other indicators.²² Therefore, we look at that indicator first.

Reunification and adoption are the preferred permanency outcomes for children who have been removed from their homes. It is important to note that the federal and state outcome measures are limited to specific time periods from the date of entry to care. In the case of reunification, the time period is 12 months; for adoption, it is 24 months. However, children still reunify with their families after 12 months and are adopted after 24 months of the date they enter care. Therefore, it is necessary to examine quantitative data and qualitative findings (reports from CWS staff, community partners, families, foster parents, and so forth). Together, these two types of information create a larger frame for understanding the degree of improvement in achieving these permanency outcomes.

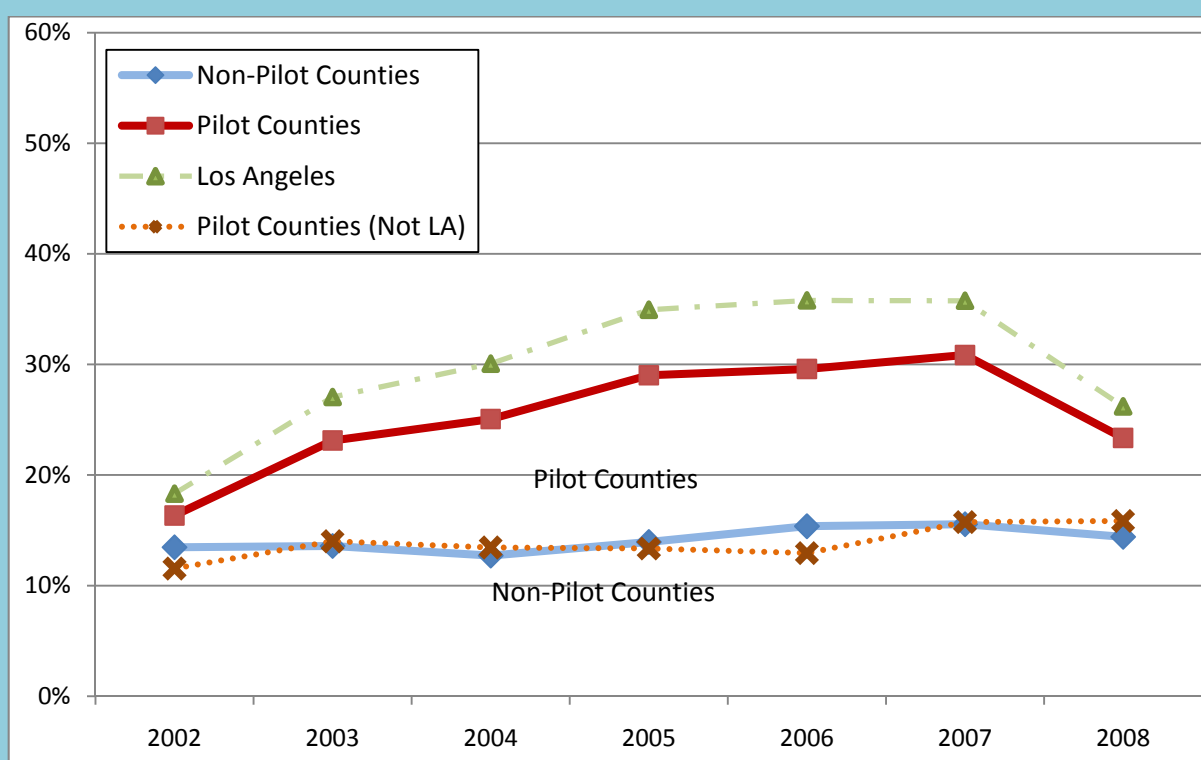
²² The difference in outcomes for children placed with relatives is referenced in several places in this report. An analysis of the effects is presented on the next two pages under the heading “Placement with Relatives Affects Other Indicators.” A potential impact of placement with relatives on specific outcomes is mentioned under finding 3C (Adoption within 24 Months) and 3E (Placement Stability).

3A. First Placement With Relatives

Conclusion

The pilot counties have achieved a substantial increase in the number of children first placed with relatives – much greater than the non-pilot counties. The pilot counties attribute this to the commitment to permanency that is fundamental to the pilot project.

FIRST ENTRY TO CARE – KIN²³



Percent Change 2002-2008	
Pilot Counties (red line)	7.0%
Non-Pilot Counties (blue line)	0.9%

This indicator means: of all the children who were removed from their homes in the specified calendar year, how many were initially placed with relatives (kin).

²³ As noted in the "Methodology" section above, unless otherwise indicated, data in charts and tables in this report are from: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Lou, C., Peng, C., Holmes, A. & Moore, M. *Child Welfare Services Reports for California*. Retrieved between August and October 2009, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>.

On this indicator, the pilot counties have improved substantially more than the non-pilot counties. While Los Angeles has had the greatest percentage increase (7.9%), the other 10 pilot counties also showed greater improvement than the non-pilot counties (4.3% vs. 0.9%).

Combined with qualitative data, this is a strong indicator of the ability of TDMs to increase first placements with kin. In site visits, the pilot counties strongly expressed the belief that front-end TDMs result in more placements with relatives and Non-Relative Extended Family Members (NREFMs). Improvement was shown on this indicator by all pilot counties that regularly employ up-front TDMs and also cited them as effective in increasing placement with kin.

"We're placing kids with relatives faster as a result of front-end TDMs." – CWS

"I feel like there are more and more NREFMs involved. I've been here 3 ½ years, and in the last year and a half we've seen more NREFMs, and we don't have to look outside as much. I attribute it to TDMs and our earlier involvement." – CWS

"We've increased relative placement and NREFM's – directly attributed to the pilot strategies." – CWS

It is noteworthy that Los Angeles County showed a marked decline on this indicator from 2006-2007, while the other 10 pilot counties increased very slightly and the non-pilot counties dropped slightly. Los Angeles uses up-front TDMs; however, their effect reportedly has been overshadowed by a more stringent screening of relatives. Explained one program manager:

"We are now doing a better job of screening our relatives before placing the kids. Before we would initially place with a relative and then discover they weren't appropriate and we would have to move the kid. [Better screening] means the child may be placed in the system until appropriate kin is located and cleared. We might see the placement stability has improved with kin as a result of our better screening even though the first entry with kin is lower. We show improvement in out of home care, too. The highest abuse previously in out of home care was from relative placements." – CWS

Placement with Relatives Affects Other Indicators²⁴

The increase in children placed with relatives in the pilot counties is documented by the above indicator, which focuses on children placed with relatives as their *first placement*. In addition, between 2002 and 2008 the pilot counties increased the *overall percentage* of children in kinship placements by 3.4%, whereas the non-pilot counties decreased by 0.1%.²⁵ This is germane to this evaluation because system-wide, children who are placed with relatives:

Ultimately have higher rates of reunification, adoption, or guardianship.

Take longer to move to those permanency outcomes than children placed with non-relatives.

²⁴ The University of California, Berkeley Center for Social Services Research, Child Welfare Research Center provided extensive data and explanation of its research into this phenomenon.

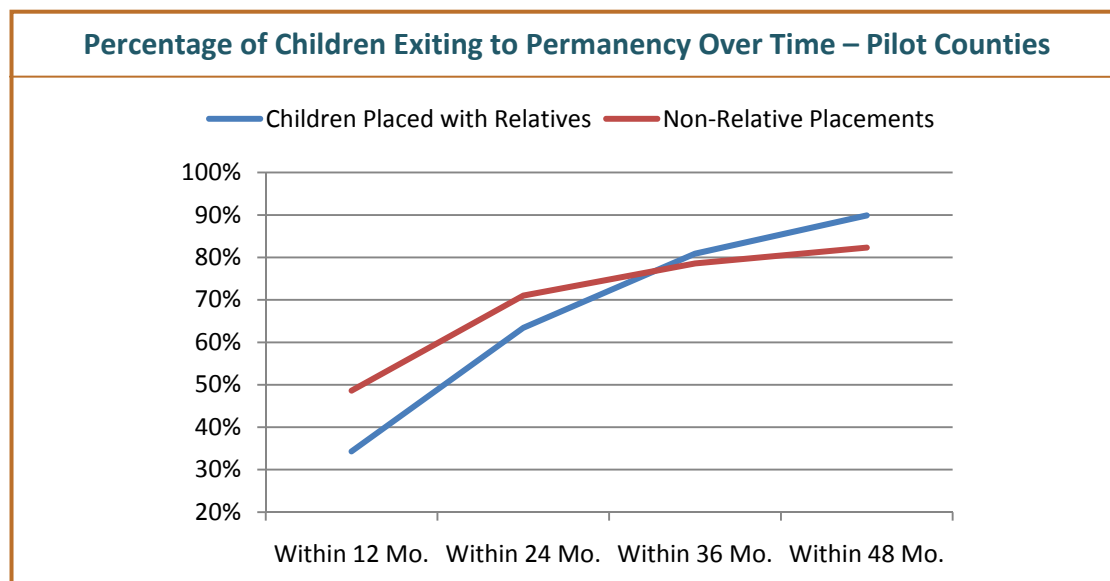
²⁵ As noted in Section 5 below, pilot counties increased kinship placements between 2002 and 2008 from 33.2% to 36.6%; non-pilot counties decreased from 33.0% to 32.9%.

These differences for children placed with relatives are shown on the following table.

Percentage of Children Exiting to Permanency Over Time ²⁶				
PILOT COUNTIES				
Within:	12 Months	24 Months	36 Months	48 Months
Children Placed with Relatives	34.3%	63.4%	80.9%	89.9%
Children in Non-Relative Placements	48.6%	71.0%	78.6%	82.3%
NON-PILOT COUNTIES				
Within:	12 Months	24 Months	36 Months	48 Months
Children Placed with Relatives	32.2%	62.9%	79.7%	87.8%
Children in Non-Relative Placements	45.4%	67.7%	77.7%	82.0%

Note that in the first column (yellow highlighted), for both the pilot and non-pilot counties, children placed with relatives have a *lower* rate of exits to permanency during the first 12 month time period. But in the far right column, those children have a *higher* rate of exits to permanency over the long term (48 months). Also note in all of the columns the rate of exits to permanency is higher for the pilot counties than the non-pilot counties.

Another way of illustrating this phenomenon is to graph the above percentages. The following reflects the data from the upper half of the table, which is for the pilot counties (although a graph of the non-pilot counties' data would be very similar).

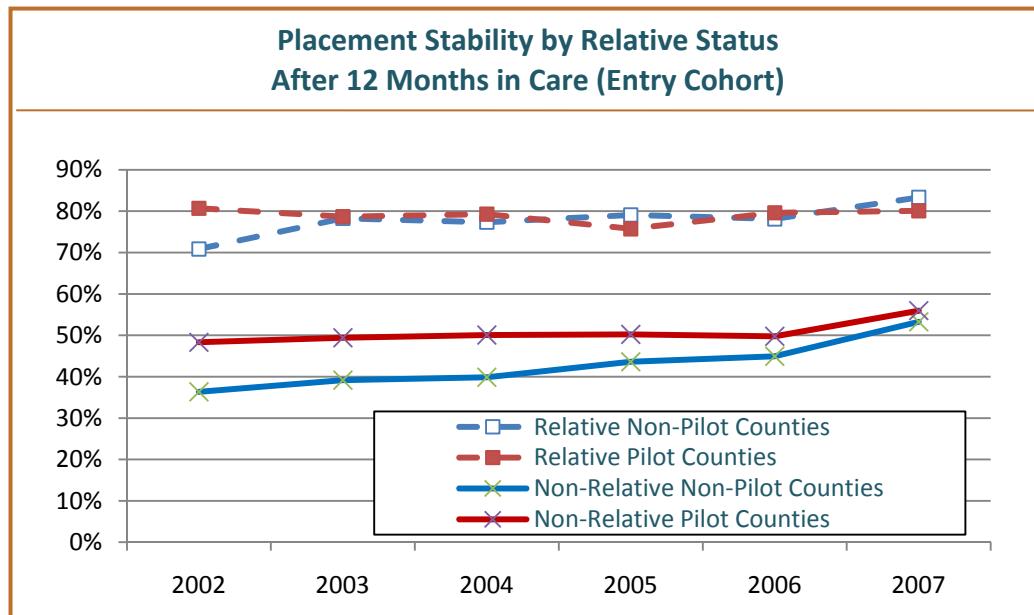


Clearly, the children placed with relatives (blue line) have a lower rate of exits to permanency during the first 12 and 24 months. Then the lines cross, and at 48 months, these children have a higher rate than children placed with non-relatives. This is understandable, as explained by

²⁶ Includes exits through reunification, adoption, and guardianship.

numerous comments from child welfare staff: the relative who has temporary care of the child (who is a sibling, adult child, or other relative of the birth parent) is likely to be very supportive of the birth parent or parents, and is often hesitant to interfere with parental rights. These relatives are often involved in the birth parent's family life, provide opportunities for the birth parents to interact with the child or children, and attend TDMs.

Also, as shown in the graph below, relative placements (dashed lines) are more stable. Statewide in 2007, placement stability for children with relatives exceeded 80%, while for those placed with non-relatives was less than 55%.^{27,28}



Potential Negative Effect on Other Indicators

The pilot counties' success in placing children with relatives could have a negative effect on other indicators, given that these children take longer to move to permanency (i.e. reunification, adoption, and guardianship). For example, the reunification indicator is limited to those children reunified *within 12 months*.²⁹ The adoption indicator is limited to children adopted *within 24 months*.³⁰ As shown on the previous page, children placed with relatives have a lower rate of these permanency outcomes during the first 12 and 24 months than children in non-relative placements. However, at 36 and 48 months, they have a higher rate. Thus, by placing more children with relatives, the pilot counties' numbers on these two indicators may be negatively affected. Nonetheless, they are ultimately achieving better outcomes for children.

²⁷ The chart depicts the indicator: "Of all children entering care in the 6-month period who were still in foster care at 12 months, what percent were in their first or second out-of-home placement based on relative status?" which is part of a new features added to the U. C. Berkeley website in October 2009. Note: this is entry cohort data, and thus cannot be directly compared to data presented elsewhere in this report.

²⁸ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Lou, C., Peng, C., Holmes, A. & Moore, M. (2009). Child Welfare Services Reports for California. Retrieved October 2009, from University of California at Berkeley Center for Social Services Research website.

²⁹ As indicated in the text below the line graph on the following page.

³⁰ As indicated in the text below the line graph on page 34.

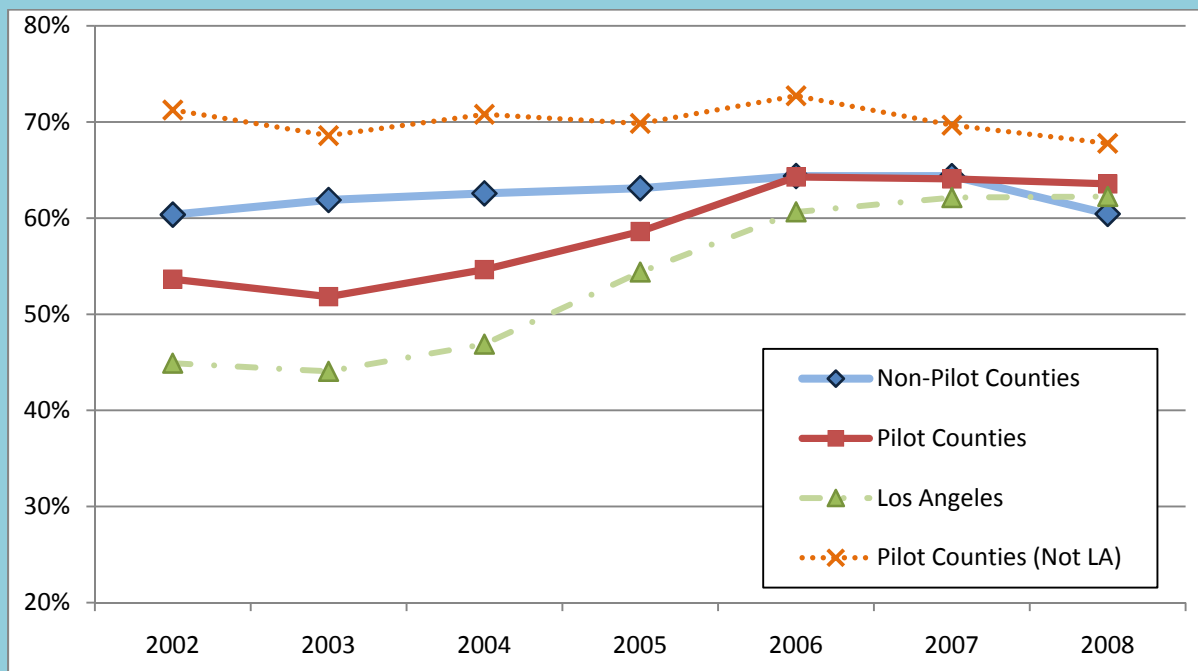
3B. Reunification and Re-Entry

CONCLUSION

Overall, the pilot counties have increased the percentage of children exiting care to reunification within 12 months, while continuing to ensure child safety.
The non-pilot counties have had little change in reunification while also maintaining child safety.

Reunification. Since 2000, the percentage of children exiting the system to reunify with their families within 12 months has increased by approximately 10% for the pilot counties, but changed very little for the non-pilot counties. Los Angeles was significantly behind the other counties in 2002, but by 2008 had caught up with and then surpassed the non-pilot counties.

REUNIFICATION WITHIN 12 MONTHS (EXIT COHORT)



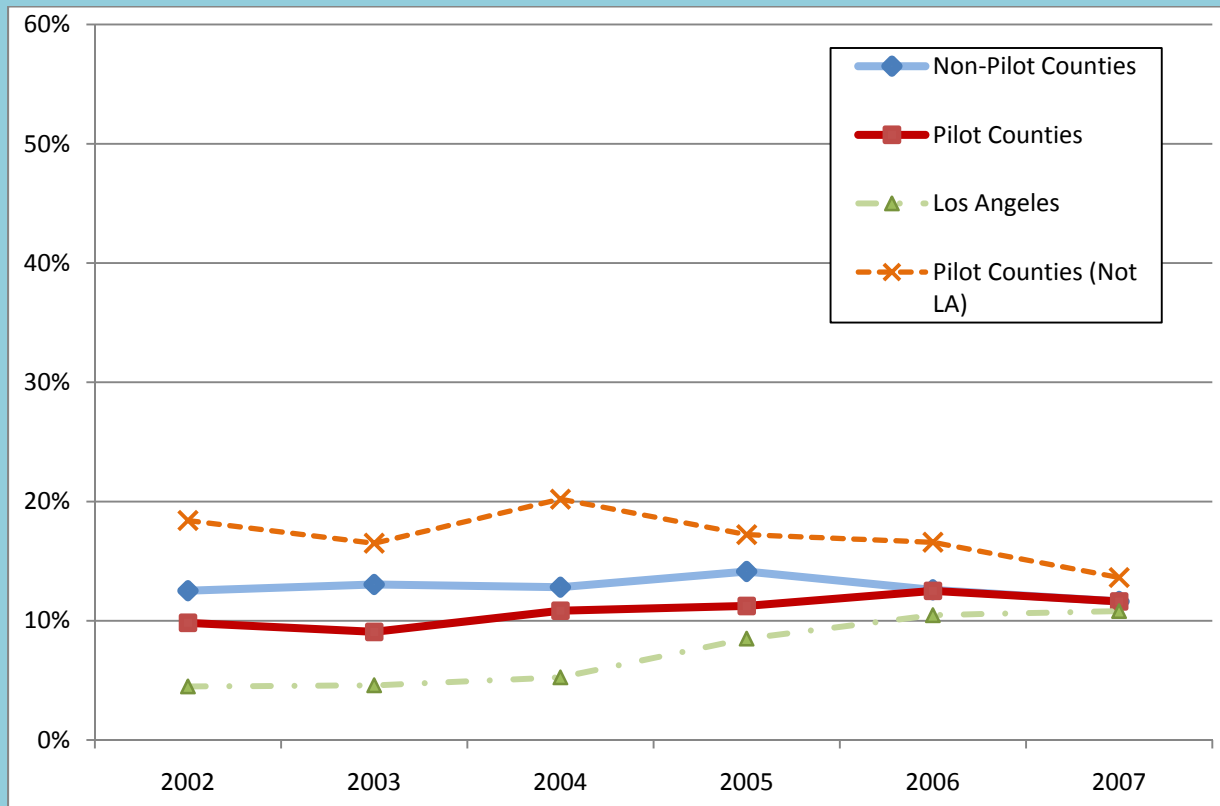
Percent Change 2002–2008

Pilot Counties (red line)	+9.9%
Non-Pilot Counties (blue line)	+0.1%

This indicator means: of all the children who had been removed from their homes but were reunified during the specified calendar year, how many were reunified WITHIN 12 MONTHS of the latest removal from home.

Re-Entry. Starting in 2002, Los Angeles had significantly lower re-entry rates than the other 10 pilot counties or the non-pilot counties. Since 2004, its rate has been increasing more rapidly than the other counties. The final data point in 2007 shows a convergence – pilot and non-pilot counties have a similar re-entry rate (between 10 and 14 percent).³¹

RE-ENTRY LESS THAN 12 MONTHS FOLLOWING REUNIFICATION



Percent Change 2002–2007	
Pilot Counties (red line)	1.8%
Non-Pilot Counties (blue line)	-0.9%

This indicator means: of all the children who were reunified with their families in the specified calendar year, how many re-entered foster care within 12 months from the date of reunification (earliest reunification during the year).

³¹ Data for this indicator is only available through calendar year 2007. This is because the data on this indicator, by its nature, lags by a 12 month period (the re-entry must occur in the 12 months following reunification; thus, children reunified in one year would not be represented in this data until the following year).

Reunification Combined with Re-Entry

CWS is tasked with promoting safety and keeping children connected to their families, ideally through reunification. To help reduce the likelihood of subsequent abuse and re-entry, CWS assesses risk prior to reunification and often provides supportive services for families. However, not all families are able to remedy their situations and behavior sufficiently to prevent recurrence of abuse and neglect. After being reunified with their families, some children reenter the system as a result of the recurrence of abuse/neglect.

Across the country, when states and counties improve the rate of reunification within 12 months, it is commonly accompanied by an increase in the number of children who re-enter foster care.³² While a cause-and-effect relationship cannot be inferred, it is logical that when a larger number of children are reunified with their families in a relatively short time, some are undoubtedly going to re-enter the system. Therefore it is important to consider these two indicators together.

Comparing the two line graphs above, at the end of the time period the pilot counties had a higher rate of *reunification within 12 months* than the non-pilot counties (about 64% versus about 60%). Yet they have the same rate of *re-entry* as the non-pilot counties (about 12%). Thus, the pilot counties successfully reunified more children within 12 months without subsequent re-entry.

Differences between Los Angeles and the Other Ten Pilot Counties. Los Angeles initially had a comparatively low rate of reunification as well as a low rate of re-entry, but has achieved a dramatic increase in the rate of reunification with a much smaller increase in re-entries. The other pilot counties have consistently had a higher rate of reunification than the non-pilots or Los Angeles, as well as a higher rate of re-entry. The reunification rates in these counties have decreased somewhat, but they have achieved an even greater reduction in re-entries.

	Reunification within 12 Months		Re-entry within 12 Months	
	2002	2008	2002	2007
Statewide	58%	62%	12%	12%
Non-pilot counties	61%	61%	13%	12%
Pilot counties	54%	64%	10%	12%
Los Angeles	45%	62%	5%	11%
Other 10 pilots	71%	68%	18%	14%

³² "Child Welfare Outcomes 2002: Annual Report to Congress Executive Summary," July 5, 2000. "It is difficult to interpret State performance with regard to reunifications occurring within 12 months of entry into foster care. One reason for this difficulty is the consistent finding (in FYs 1999, 2000, 2001, and 2002) of a positive relationship between the percentage of reunifications occurring within 12 months of entry into foster care and the percentage of children entering foster care who were re-entering within 12 months of a prior foster care episode (Spearman's rho⁴ = +0.546 for FY 2002). In general, States with a relatively high percentage of reunifications within 12 months tended to have a relatively high percentage of re-entries into foster care within 12 months. For example, although 22 States (44 percent) met the national standard established for re-entry within 12 months of a prior foster care episode (8.6 percent or less), only 1 State that met the national standard for this measure also met the national standard for the percentage of reunifications occurring within 12 months of entry."

How the Pilot Strategies Affect These Indicators

Child welfare workers expressed that several pilot strategies had affected both outcome indicators discussed above. Standardized Safety Assessment tools were mentioned for their ability to unearth a family's root issues, allowing for all subsequent efforts to be more effective and lasting.

"It leads to better case plans and better court decisions. We don't get a case plan that talks about cleaning up the house when the person is on meth. It gets out what's really wrong with the family so they can address it in a shorter amount of time." – CWS

TDM's were also identified as positively affecting these indicators by connecting families to services early and by clearly delineating, for the family, the steps that lead to reunification, as well as the consequences of not taking those steps.

"In Emergency Placement TDMs, people step up in ways they hadn't before. The supports help the family understand the safety and risk issues in a way that the system was not doing before. They help the family with the case plan, so that the child can come home faster. The family isn't doing it on their own anymore." – CWS

"Everyone is willing to make a commitment in front of everyone else. It's the accountability that helps everyone be successful, they have mutual understanding. If they're attached to the child, they might try to sabotage the next placement, but at the TDM we get on the same page. Everyone signs the contract and it's a reminder of everyone's role." – CWS

Finally, qualitative data points to the power of Parent Partner programs to help families reunify faster and more successfully. Parent Partners support and mentor parents who are currently working to reunify with their children. These mentors are themselves parents whose children were once removed, but have since been reunified. Though just a handful of pilot counties have Parent Partner programs, and the reach of those programs is limited, parents who receive the services often report that Parent Partners are the keystone to working with a system that might otherwise be too overwhelming to navigate.

"When my son was removed I had no idea I would be here today. My Parent Partner has walked me through every single itty-bitty step of what I have to go through. I think I've talked to her every day since September. She keeps me grounded." – Birth Parent

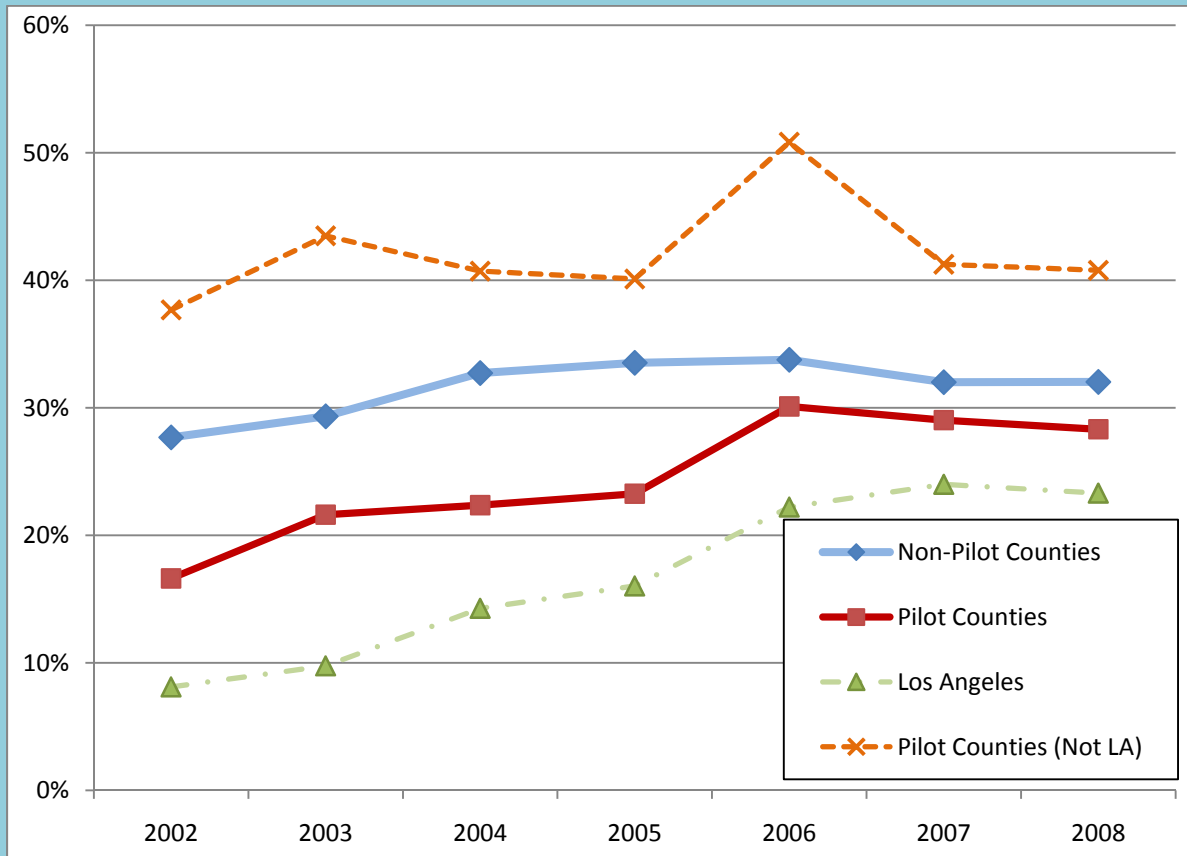
"I couldn't have done it without my Parent Partner. I think I would have had a nervous breakdown. My Parent Partner has given me peace of mind and a lot of resources I didn't know existed. They're helping me accept what happened. If this focus group is to find out if the Parent Partner program is working, it definitely is. I think I'm a better parent already and I'm seeing opportunities, like I just took a parenting class. Because she was human, I was willing to work with her." – Birth Parent

3C. Adoption within 24 Months

Conclusion

The pilot counties, most notably Los Angeles, have shown marked improvement in the percentage of children who are adopted within 24 months, which is particularly attributable to permanency and youth transition strategies.

ADOPTION WITHIN 24 MONTHS



Percent Change 2002-2008

Pilot Counties (red line)	11.7%
Non-Pilot Counties (blue line)	4.3%

This indicator means: Of all children who were discharged to adoption in the specified calendar year, how many were discharged WITHIN 24 MONTHS from the date of latest removal from home.

This large difference between the pilot and non-pilot counties is largely attributable to Los Angeles, which improved the percentage of children who were adopted within 24 months by over 15%. In addition to the combined effect of the pilot strategies, Los Angeles reports that its strong emphasis on concurrent planning may have contributed to this dramatic increase.

As noted above, adoption tends to take longer for children placed with relatives. Since the pilot counties place a greater percentage of their children with relatives, they may be achieving even higher adoption rates over a time period greater than 24 months. (See pages 27-29 above.)

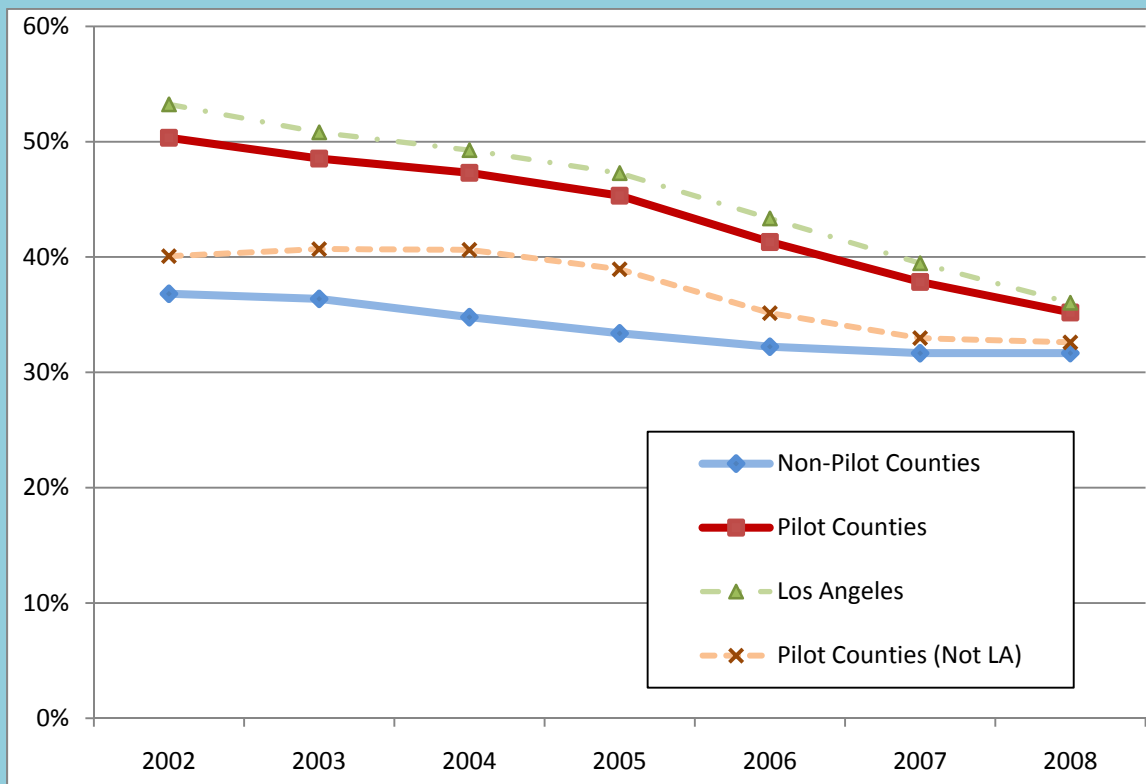
In addition, the pilot counties made notable progress in adopting children who had been languishing in the foster care system. The large number of children adopted *after 24 months in care* is not captured in the data above (this indicator is limited to those adopted within 24 months). In fact, adopting children after the 24 month time period negatively impacts this indicator, because it looks at the number of children adopted within 24 months as a percentage of *all* children that were adopted (including those after 24 months). Thus the larger the number of children adopted after 24 months, the smaller the percentage of children that were adopted before 24 months.

3D. Children in Care more than 36 Months

Conclusion

The pilot counties have dramatically reduced the number and percentage of children in long-term foster care, at a rate substantially greater than the non-pilot counties.

CHILDREN IN CARE MORE THAN 36 MONTHS (POINT-IN-TIME DATA)



Percent Change 2002-2009

Pilot Counties (red line)	-57.9%
Non-Pilot Counties (blue line)	-31.9%

This indicator means: of all the children who were in care on January 1 of the specified year, how many had been in care for more than 36 months.

Pilot counties report that Family Finding is an effective strategy for decreasing the number of youth in long-term care. Family finding programs in the pilot counties come in all shapes and sizes – from Los Angeles’ large P3 program, which rehires retired social workers to do Family Finding part time, to Humboldt’s HOPE program (Humboldt Offers Permanency to Everyone), which focuses Family Finding activities on their toughest cases. Regardless of the form and

reach of the programs, social workers are overwhelmingly positive about their ability to establish permanency, especially for older youth. When asked about the challenges of Family Finding, the only themes that emerged concerned securing more funding for it and expanding efforts to the front end.

“The courts love our [Family Finding] program and are ordering it at detention – and we have to say, wait, it’s for the back end. The general thinking has changed and social workers no longer accept “there’s no one for the kids.” They make extended effort to find relatives.”

– CWS

“Often, they [the family member] don’t know the child is in foster care. They are surprised, and we learn that they never would have looked for them in our system. Family finding is really working and amazing.”

– CWS

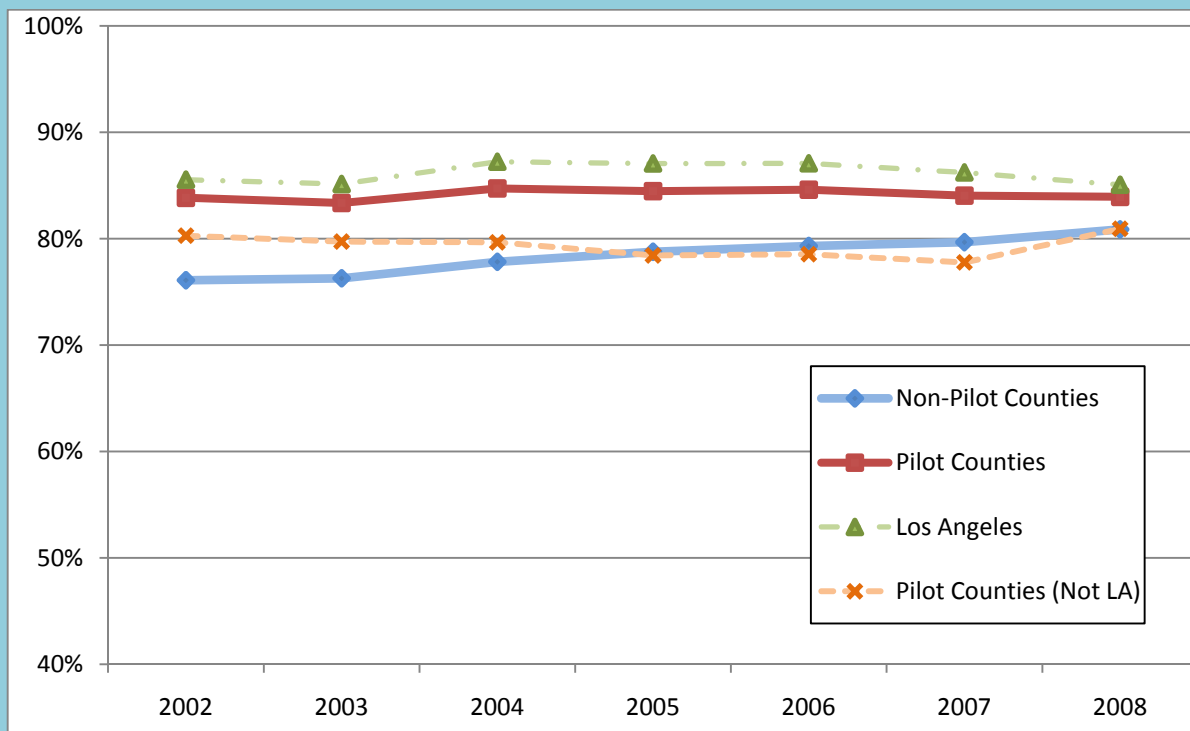
Most participants in interviews and focus groups pointed out that Family Finding is most effective when combined with the other pilot strategies. They spoke of a change in philosophy which serves as a guiding principle. Social workers understand that it is no longer acceptable for kids to languish in foster care, and reported taking efforts to move youth to permanency faster, by, for example, broaching the subject of adoption earlier with foster and kin placements.

3E. Placement Stability

Conclusion

In 2002, the pilot counties' percentage on this indicator was higher than the non-pilots, but the non-pilots are closing the gap. However, this indicator is not considered to be of great significance in the context of this evaluation, given that a number of systemic factors cloud the usefulness of this data.

PLACEMENT STABILITY (8 DAYS TO 12 MONTHS IN CARE)



Percent Change 2002–2008

Pilot Counties (red line)	0.1%
Non-Pilot Counties (blue line)	4.8%

This indicator means: *Of all the children in foster care for the specified calendar year, how many had FEWER THAN 2 PLACEMENT MOVES during the following time slot: 8 days after they entered care (to eliminate an immediate short-term placement the first week) and 365 days after they entered care.*

On this indicator, Los Angeles again differs from the other 10 pilot counties. Los Angeles begins about 5 percentage points above the other pilot counties, and nearly 10 percentage points

above the non-pilot counties. As of 2008, Los Angeles shows virtually no change, whereas the other pilot counties show an increase of 1.2%.

This indicator is not considered to be of great value to this evaluation since the data are limited to the time period of at least 8 days but less than 12 months in care, whereas it is important to consider placement stability over the duration that the child remains in care.³³ Furthermore, a number of systemic factors impact this data. The following are a few of those factors.

Because some pilot counties routinely place youth in temporary homes, they automatically incur a placement move. Given the variation between the practices in each county, this indicator is not effective in capturing the advances cited in the qualitative data.

Pilot counties frequently pointed out that they have made a concerted effort to place kids in less restrictive settings (not only kinship, but also guardianship and other settings). As one county explained, social workers may be willing to incur more placement moves in service of placing the child in a less restrictive setting.

Family Finding can have a negative impact on this indicator if it necessitates a placement move. For example, in the Family Finding process, it may take a few weeks or months to identify relatives and make arrangements to place the child with them. This would result in a placement move. Thus, a county as a whole may emphasize Family Finding to achieve safety and permanency for children at the expense of its performance on this indicator.

Furthermore, this indicator does not reflect the results that can reasonably be expected from two factors:

Placement with Relatives. Children placed with relatives tend to have greater placement stability. The fact that the pilot counties have increased the percentage of children placed with relatives should contribute to the pilot counties' positive performance on this indicator.

The Value of TDMs. Social workers from nine of the 11 pilot counties commented on the contribution TDMs make to increasing placement stability. Because TDMs involve families and their support systems, and the knowledge and resources of both, placements are created amidst better thinking, more buy-in and more viable options. Social workers also told of troubled placements that stabilized when the TDM process facilitated communication and conflict resolution.

"For me I went to a TDM with a decision in mind, and the process changed what I thought was best. And so instead of having 2 moves, they ended up having 1. They worked it out through the whole process instead of having it go to court. It was a real time saver."— CWS

"I might think I know what's best, but when I get together with three other workers, they'll see things I'm missing or haven't thought of, and there's a better, more comprehensive plan. TDMs make a better, stronger placement for the child, and the placement is less likely to fail." — CWS

³³ The data on this indicator includes children who may have exited the CWS system anytime between 8 days and 12 months in care; it differs from the *Placement Stability by Relative Status* data on page 29 above, which represents children who are still in care after 12 months.

4. The Pilot Strategies Maintain Child Safety

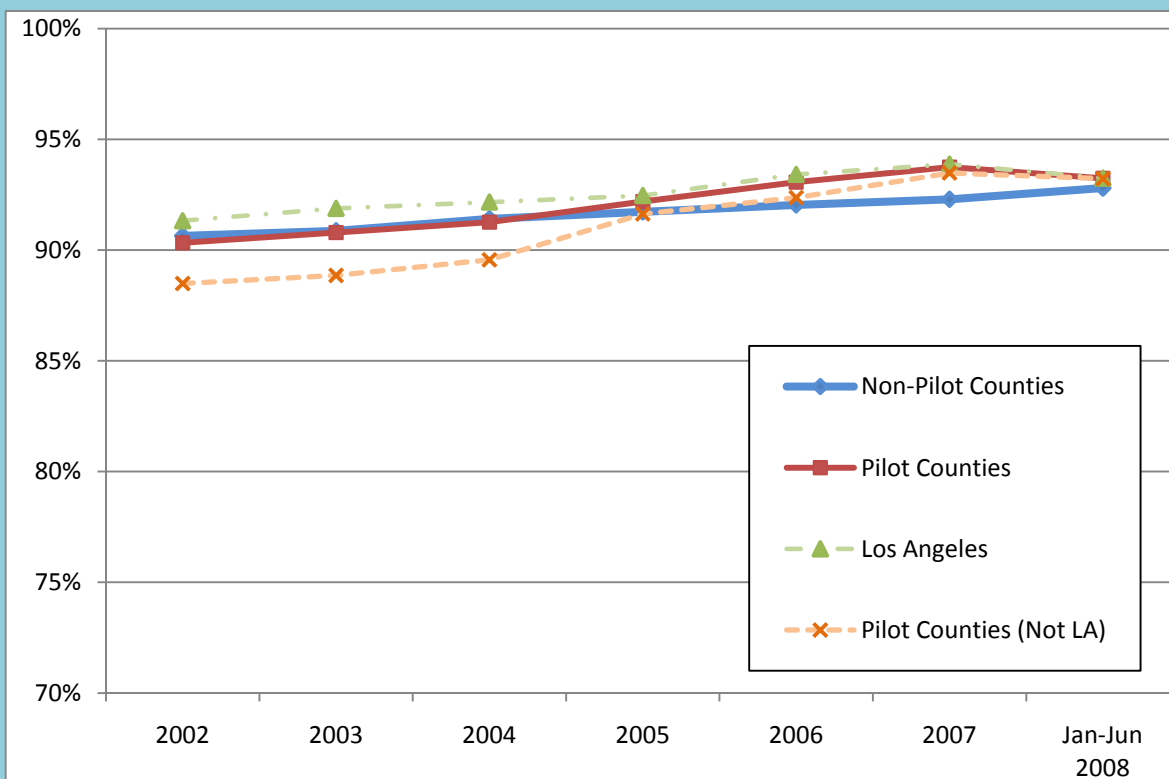
Child Welfare agencies seek to ensure that children who have been victims of abuse and neglect, or are at high risk of being abused and neglected, are protected from further harm. To this end, reducing recurrence of child abuse and/or neglect is the primary safety objective for CWS agencies. Another indicator of child safety is the percentage of subsequent substantiated referrals that result in an entry to care.

4A. No Recurrence of Maltreatment

Conclusion

Both the pilot counties and non-pilot counties have made gains on this indicator, with the pilot counties showing slightly greater improvement.

NO RECURRENCE OF MALTREATMENT



Percent Change 2002-2008

Pilot Counties (red line)	2.9%
Non-Pilot Counties (blue line)	2.2%

This indicator means: the percent of all children who were victims of substantiated child abuse and/or neglect during the first 6 months of the reporting period who did not experience another substantiated report within the subsequent 6-month period.

In 2002, Los Angeles ranked slightly *higher* on “no recurrence of maltreatment” than the non-pilot counties by a small amount, whereas the other 10 pilot counties ranked slightly *lower* than the non-pilots. In 2008, all of the 11 pilot counties ranked slightly above the non-pilot counties.

From 2002 to 2008, the 10 pilot counties (excluding Los Angeles) improved by 4.7%, compared to 2.2% for the non-pilot counties.

Los Angeles began in 2002 and ended in 2008 at a higher point than the non-pilot counties, but achieved a slightly lower rate of improvement (1.9%, versus 2.2% for the non-pilot counties).

Social workers report components of the entire pilot approach have contributed to reducing recurrence of maltreatment.

More information is unearthed because of both the SSA and collaboration with community partners in DR and TDMs, and the root issue is more often identified and addressed.

Better assessments are made possible by the Standardized Safety Assessment, and particularly SDM’s ability to separate risk and safety factors. A tenet of this claim that was stated repeatedly in focus groups is the better identification of services that occurs while using SSA tools and the potential for this to prevent future abuse and neglect.

“In the last two years I have used SDM to identify services the family may need, and I send it to the DR person and share with the parents what I think they might be able to use to help them prevent future problems from occurring.”

– CWS

“If I’m asking the right questions, I can determine all of the factors and see that the family needs additional services. And when families get the services, it reduces the re-occurrence of abuse.”

– CWS

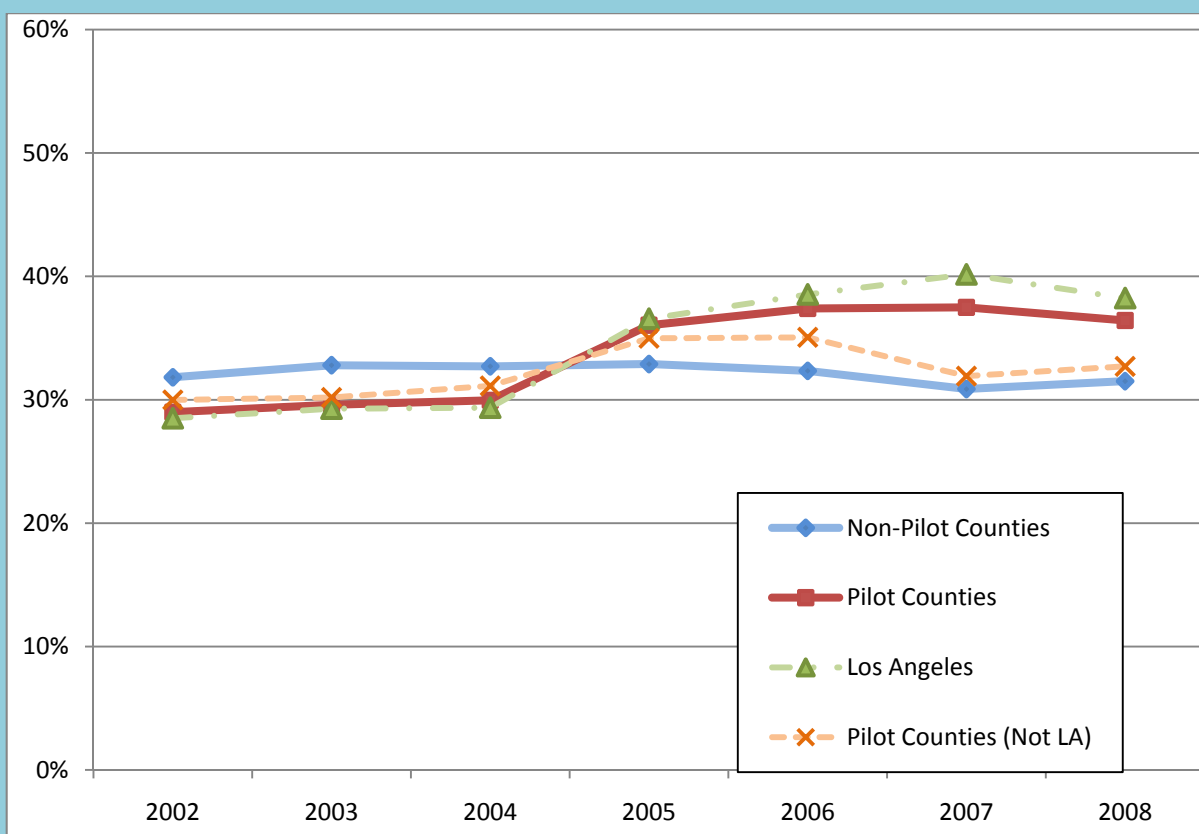
Families are being connected to supportive services in their own neighborhoods and communities through DR and permanency programs. Also, bringing in community partners creates a safety net – faltering families are recognized sooner and resources are made more accessible.

4B. Percentage of Substantiated Referrals that Result in Entry to Care

Conclusion

In the pilot counties, when a referral is substantiated, there has been an increase in the percentage of children entering foster care.

ENTRIES AS A PERCENTAGE OF SUBSTANTIATIONS



Percent Change 2002-2008

Pilot Counties (red line)	7.4%
Non-Pilot Counties (blue line)	-0.3%

This indicator means: of all the substantiated referrals in the specified calendar year, how many resulted in an entry to foster care within 12 months.

In 2002, the pilot and non-pilot counties differed relatively slightly on this indicator (about 29% for the pilots and 32% for the non-pilots). Since 2002:

The non-pilot counties have remained nearly constant, between about 31% and 32% through 2008.

The pilot counties experienced a noticeable increase from 2004 to 2005 (from 30% to 36% in one year).

After the upturn in 2005, the pilot counties peaked and appear to be gradually reducing the number of entries a percentage of substantiations.

Several observations are noteworthy:

The increase in entries as a percent of substantiations occurred around the time that the pilot counties were fully implementing several of the pilot strategies, in particular the Standardized Safety Assessment.

It appears that, depending on the county and their practices, pilot strategies have contributed to both an increase and a decrease in this indicator. Qualitative data suggest that better assessments, due to SSA and collaboration with community partners, has resulted in more entries, as risk and safety factors have been more clearly identified. On the other hand, in interviews and focus groups the pilot counties indicate that through DR, SDM's Safety Plan, and TDMs, social workers and community partners are bringing needed resources to families which mitigate safety issues and may allow families to remain outside of the system.

If a child's safety issues cannot be mitigated through services, removing the child from the home ensures safety. The increase in entry rates is an indication that safety is being given priority in the pilot counties.

5. The Pilot Strategies Enhance Well Being

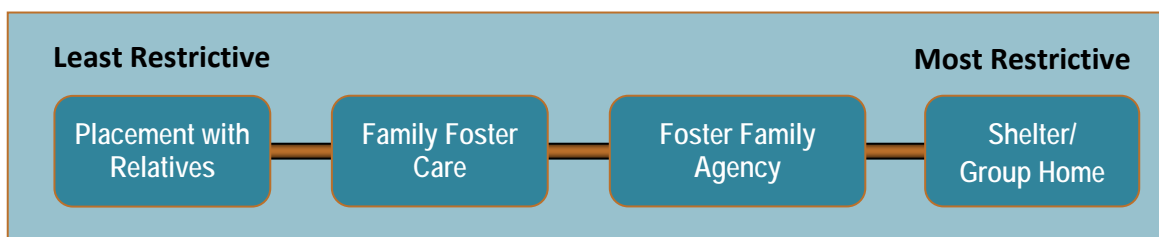
Two statistical indicators provide useful data that address child well-being, along with extensive qualitative information from site visits. Both statistical indicators (placement in least restrictive care and placement of siblings together) utilize point-in-time data, comparing the number of children on the first day of each year (for example, January 1, 2002 versus January 1, 2009).

5A. Least Restrictive Setting

Conclusion

The pilot counties have made much greater improvement than the non-pilot counties in placing children in the least restrictive setting. They have successfully moved children out of group homes and shelters – primarily into guardianship or adoption. Additionally, many children in the pilot counties are moving from the most restrictive setting to the most preferred option, which is to exit the system.

When children are removed from their homes, it is the responsibility of CWS to ensure that they are living in the “least restrictive setting.” A least restrictive care setting is one that most resembles a normal home and family. Ideally children should be placed with relatives first, followed by guardianship with families they know, and then placement in family foster care. In most cases, the least preferable alternative is placement in institutional care or group homes (unless the child requires a high level of care due to extreme behavioral and/or mental health problems). Thus, when a child must be placed, as opposed to exiting the system to adoption or reunification, the hierarchy of least restrictive placement settings is as follows:



Data regarding least restrictive setting are presented on the following pages in three ways:

- Summary Statements
- A Summary Chart
- Detailed Tables

In each case, the placement types are presented in order from the least restrictive to most restrictive.

Summary of the Quantitative Data

The pilot counties have made much greater improvement than the non-pilot counties in placing children in the least restrictive setting.

Least Restrictive Settings: Kinship and Guardianship

The percentage of children in kinship and guardianship are up in pilot counties by more than 5%, down in the non-pilots by nearly 1%.

Most Restrictive Settings: Shelters and Group Homes

The pilot counties reduced the number of children in these two settings by about 48%. This is a total of nearly 1,640 children. The non-pilot counties reduced the number of children in these settings by about 26%, a total of about 1,190 children.

Looking just at the most restrictive setting, group homes: the pilot counties have decreased the percentage of children in this setting by 1.6%, much more than the 0.3% achieved by the non-pilot counties.

A Snapshot of Each Setting

The following data are expanded upon in the charts on the next page.

Percentage Change in Number of Children in Each of the Four Most Utilized Placement Types (2002-2008)					
	Kinship	Guardianship	Family Foster	FFA	Group
Pilot Counties	3.4%	2.2%	-4.2%	4.4%	-1.6%
Non-Pilot Counties	-0.1%	-0.5%	-5.0%	7.1%	-0.3%

Percentages of Children in Various Placement Types

Pilot Counties compared to Non-Pilot counties:

Pilot Counties								
Year	Pre-Adopt	Kinship	Guardian	Foster	FFA	Group	Shelter	Other
2002	3.2%	33.2%	11.4%	11.1%	23.6%	7.6%	0.3%	9.5%
2008	4.9%	36.6%	13.5%	6.9%	28.0%	6.1%	0.1%	3.9%
% Change 2002-08	1.7%	3.4%	2.2%	-4.2%	4.4%	-1.6%	-0.3%	-5.7%
N for 2002	1379	14284	4890	4763	10157	3276	150	4103
N for 2008	1425	10649	3932	2002	8147	1759	28	1125
Non –Pilot Counties								
Year	Pre-Adopt	Kinship	Guardian	Foster	FFA	Group	Shelter	Other
2002	2.7%	33.0%	11.1%	16.3%	20.4%	9.0%	0.8%	6.8%
2008	2.5%	32.9%	10.7%	11.3%	27.4%	8.7%	0.4%	6.1%
% Change 2002-08	-0.1%	-0.1%	-0.5%	-5.0%	7.1%	-0.3%	-0.4%	-0.7%
N for 2002	1220	15153	5110	7481	9362	4155	388	3105
N for 2008	937	12143	3936	4178	10123	3211	147	2244

Breakdown within Pilot Counties (Los Angeles compared to the other 10 Pilot Counties):

Los Angeles								
Year	Pre-Adopt	Kinship	Guardian	Foster	FFA	Group	Shelter	Other
2002	3.6%	34.6%	10.9%	10.7%	22.3%	7.0%	0.3%	10.7%
2008	6.3%	38.9%	13.8%	6.0%	26.2%	5.5%	0.0%	3.3%
% Change 2002-08	2.7%	4.3%	2.9%	-4.7%	4.0%	-1.5%	-0.3%	-7.4%
N for 2002	1192	11557	3631	3558	7436	2326	112	3583
N for 2008	1350	8391	2978	1284	5658	1180	0	722
10 Pilot Counties (No-LA)								
Year	Pre-Adopt	Kinship	Guardian	Foster	FFA	Group	Shelter	Other
2002	1.9%	28.4%	13.1%	12.5%	28.3%	9.9%	0.4%	5.4%
2008	1.0%	30.1%	12.7%	9.6%	33.2%	7.7%	0.4%	5.4%
% Change 2002-08	-0.9%	1.7%	-0.4%	-3.0%	4.8%	-2.2%	0.0%	0.0%
N for 2002	187	2727	1259	1205	2721	950	38	520
N for 2008	75	2258	954	718	2489	579	28	403

Pilot counties report the following:

As mentioned above, TDMs were frequently cited by pilot counties as increasing first entry to care–kin.

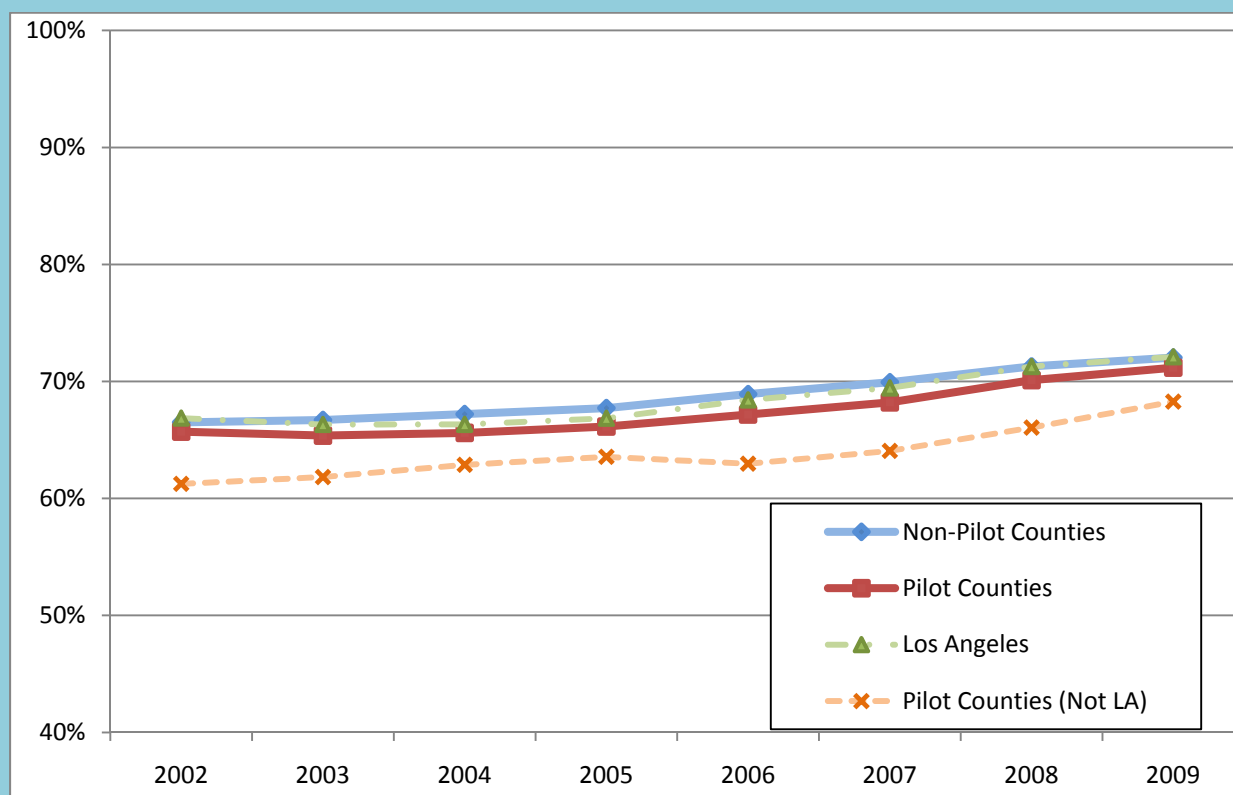
As a result of the culture change in the pilot counties, social workers understand the benefits of placing children in less restrictive settings, and throughout the life of a case continue to strive for this through TDMs, Family Finding, and connecting with NREFMs.

5B. Children Placed with Their Siblings

Conclusion

The Pilot counties have shown slightly more improvement than the non-pilot counties between 2002 and 2009 (using point-in-time data).

CHILDREN PLACED WITH SOME OR ALL OF THEIR SIBLINGS



Percent Change 2002-2009	
Pilot Counties (red line)	6.2%
Non-Pilot Counties (blue line)	5.5%

This indicator means: of all children with siblings in care (families of 1 excluded) what percent of children were placed with some or all of their siblings.

As the above chart shows, the pilot counties have shown slightly more improvement than the non-pilot counties in the 2002-2009 timeframe. Qualitative data show social workers have embraced placing siblings together as a key component permanency and stability. They recognize that siblings, like NREFMs, are important permanent connections, especially in the face of losing ties with birth parents.

5C. Qualitative Data: A More Positive Approach to Child Welfare

Conclusion

Fundamental changes in the pilot counties' approach to child welfare result in a markedly more positive experience for youth and families, as well as others involved in supporting at-risk families.

In addition to the above two statistical indicators, qualitative data strongly indicate that the pilot strategies result in families and youth having a more positive experience with the child welfare system. Permanency efforts focus on placing youth in the least restrictive setting, with their siblings, and with someone already known to them. Paraprofessionals like parent partners support birth parents in navigating the system. Differential Response is reported to be a more respectful process, as it aims to help rather than condemn families. Standardized Safety Assessment can help families understand the decision-making criteria of CWS, so they are less likely to feel personally attacked. The confluence of the myriad process changes amounts in a markedly improved experience for those involved.

"The social worker asks if there are any supports the family would like to have at the meeting, which establishes a new sense of trust through the entire process in that it's not punitive. It's just more respectful. When you put anyone in a situation where they have choices, they aren't feeling attacked, and feel respected." – CWS

"There's been a huge change. Now we have PRIDE training that prepares foster parents what to expect culturally, and other routines. I've been on the panel where they ask how I would have liked the foster parent to respond when I was in foster care." – Former Foster Youth

"DR is having positive impact with someone linking them to resources, how to navigate the system, helping them get the medication they need, etc. It empowers them." – CWS

"My first time in the system I did it alone and it was very scary for me. The second time I had a Parent Partner who understood my experience. To have someone come in who has been through the system and is a success story – she was also a bridge between me and the system. The Parent Partners are there for us, but we are the ones who have to do the work. She was there to give me the faith that I needed." – Birth Parent

Implementation

Non-pilot counties looking to implement pilot strategies can learn from the pilot counties' extensive implementation experience. The following are the factors identified as critical to successful implementation by staff who participated in the process. These points appear in order from those given the greatest emphasis to those given the least.

Successful implementation ...

... is highly dependent on leadership. Leadership, more than any other factor, arose as essential to the successful implementation of the strategies. In counties where leaders showed support for and set a clear expectation of the use of a strategy, workers demonstrated more acceptance and ownership of the program. Conversely, in counties where leadership was not explicit in its support or expectations, change agents described fighting an uphill battle, and staff were more likely to consider the associated tasks superfluous, rather than integral, to their work.

"One thing that significantly moved our program was a VERY CLEAR message from our director that we are no longer going to be a place to hold kids in long term foster care."

– CWS

"Our leaders really believed in this and as we began working with it, more and more people got on board and believed it in."

– CWS

"Leadership was learning it when we were learning it, so they couldn't sell it."

– CWS

"It comes down to the trickle effect of the hierarchy and how you are supported. Our leadership is key in supporting our work. It's a team effort."

– CWS

... involves Community Partners early and thoroughly. Particularly in implementing DR, the early inclusion of community partners was essential. Not only did it result in heartier program designs, but those involved early were much more bought into the program and willing to weather set-backs when they arose.

"Partners have to be at the table and included in the development. Take them to the DR conferences."

– CWS

... addresses initial social worker resistance. Change can be difficult for the average person, and for social workers who have seen new programs and improvement efforts come and go, change fatigue is a reality. Anticipating resistance to change and addressing the underlying concerns can minimize its impact, helping workers move through it faster.

"At first it does challenge your thinking. If you've been on the job for a long time, you can get routine, and it makes you think about things again."

– CWS

"We have some people who have been around a long time and are not computer comfortable. They saw red when they were told they had to input information into the tool. Once they started using it wasn't a problem. I think the fear of it was a challenge."

– CWS

... requires perseverance. In a perfect world, all the kinks in a system would be resolved before the system is utilized. The pilot strategies, however, were born and learned to walk in the real world, where internal and external complications wax and wane. Consequently, implementation of the strategies requires patience, the acknowledgment that unforeseen issues will arise, and the dedication to see through the inevitable challenges and surprises.

"We're still working on relationship building – it's a full time effort. Sometimes it is easy to slip back into the model of doing things the old way. Embracing new partners, it is a continuous effort not always easily done." – CWS

"There were a lot of things that needed to be worked out. Initially we would fax something over and the FRC would go out before we were able to. We had to work a few kinks out. There was a trial and error process." – CWS

... creates the opportunity for early successes. In counties where social workers were able to witness the benefits of a strategy early, they commented on how this functioned to garner their support. In counties where ongoing struggles with implementation were reported, it was often due to a lack of recognition of the program's benefits. Tangible examples of successes can create an exponential wave of support, as those who become believers in the new efforts spread the word of its efficacy.

"Buy-in comes when you help workers understand that it supports their decisions." – CWS

"I think there's resistance to TDMs because people feel like they already know what they're doing. For me I went to a TDM with a decision in mind, and the process changed what I thought was best." – CWS

... requires timely and experiential training and retraining. In many counties, social workers told of tumultuous initial training processes that occurred too far before utilization or were not experiential enough to make workers confident in their ability to adopt it. Additionally, many workers cited the absence of retraining, which they felt was necessary to cement the initial concepts they had learned.

"Once you launch, do follow up training and reminders. It's hard to get everyone across the board to do anything. There needs to be follow-up to help social workers stay on top of it." – CWS

"The only SDM training I had was in core training. But you don't get to practice the tool. They give an overview on paper. I didn't know how to go in and navigate the actual on-line tool. It took me a long time to get comfortable enough to go in and play with it." – CWS

... includes accountability systems. Early in a change process, people are very aware of the effort required to make the change, but have yet to experience many of the benefits that will ultimately come from it. Some of the initial resistance to the pilot strategies was due to just such a dynamic. What tipped the scales of support, some social workers reported, was leadership's decision to make the change mandatory. Accountability systems allowed leadership to enforce their edicts, as well as establish a means of quality control. Given the already high workloads reported by many workers, in counties that had no such systems in

place, workers sometimes failed to make room for the new priorities. This, in turn, prevented them from realizing the benefits of the change.

“When it became mandatory, we buckled down and did it. It comes back to accountability. It needs to really be reviewed because that’s where you’re going to do the tweaking. You can’t just check it off as a supervisor; you have to go through it. There’s a learning process that continues to happen.”
– CWS

“People are using the CAT now and they are getting used to the tool. Now we do case reviews to see if the CAT was done or not. The program manager implemented across-the-board accountability for completion of the tool.”
– CWS

... builds a strategy early to overcome confidentiality barriers. As child welfare agencies partner more extensively with other organizations, navigating confidentiality requirements has presented itself as an often formidable barrier. Anticipating this and beginning work early to find a solution is one way to lessen its impact.

“The whole issue of confidentiality is such a balancing act. It’s a barrier to designing a process where a lot of different people can come together.”
– CWS

“With confidentiality issues, County Counsel worked very hard to develop protocol that worked for us.”
– CWS

Challenges

The pilot counties reported the following challenges that arose as they implemented the pilot strategies and as they continue to achieve fundamental system change.

1. The need for services from CWS and its Community Partners is outpacing funding.

The pilot strategies have been successful in identifying family needs and connecting families to services. However, in times of shrinking budgets, many communities have inadequate service capacity. Child welfare agencies have struggled to fully implement some pilot strategies, opting instead to target programs to specific populations or areas. Scheduling challenges already inherent with front-end TDMs and DR's joint hand-offs have become more difficult with limited staffing. Moreover, of greatest concern are the families who will not get the help they need to maintain permanency.

"We overwhelmed the system when we decided to respond to every referral, so we needed to find more funding, or focus on the population that was most beneficial, and provide more focused services. It was difficult to engage new families because the community partners had so many cases."
– CWS

"Our community agencies are impacted by budget cuts and short staff that plus our own staffing problems it affects our ability to meet with the CBO's and do a joint response. This is getting in the way."
– CWS

"The challenges to permanency are cuts, cuts, cuts, to the support services. In order to keep families together, we need to have the support services."
– CWS

2. Ensuring the participation of Community Partners is an ongoing challenge.

Collaborations of all kinds are rife with challenges, and child welfare is no exception to this. Limited resources, scheduling challenges, differences in values, and the potential implications of working together mean that establishing and maintaining relationships with community partners requires ongoing effort and care.

"We were using all the redesign money to support community partners. We have few CBO's to begin with and we have to pay them to do this with us."
– CWS

"On the front-end [TDMs] happen so quickly, it's hard for community partners to be available."
– CWS

"State adoptions has a different philosophy. They will look outside the family; they will do home studies and have homes ready, especially for younger kids. And we're looking at family and NREFMs, and they're not always as favorable as the home state adoptions have identified."
– CWS

3. There are still some youth who are difficult to place, e.g. older and special needs youth.

Despite the success of Family Finding programs and other permanency efforts in reducing the number of youth in long-term care, there will always be difficulty placing some older youth and youth with special needs.

“My biggest challenge is how to establish permanency with older kids in group homes and kids with severe disabilities. It took being on the phone all day for three months calling all over the state to find a placement.” – CWS

“There’s a massive denial in the broader system of the difficulty of older children coming into the system. We’re dealing with girls who are prostitutes and heroin addicts. The level of abuse, neglect, drug addiction... cutting? Cutting wasn’t there 10 years ago. The services we have for teens are cheesy. Foster parents are going to take the eight year old from Alameda County rather than the teenager from here.” – CWS

“There aren’t many people who want to adopt kids who are 14 years old or older, or the mental health or emotional issues makes it difficult.” – CWS

4. Social workers believe the families they are working with today have more challenges than those they worked with in the past, though quantitative data does not reflect this.

As mentioned earlier, child welfare workers at all levels spoke of the increased challenges families now face. Most believed programs like DR and front-end TDMs diverted easier cases from entering the system, thus the remaining cases present more difficult and complex issues.

“As a result of Differential Response, there will be fewer emergency situations but those that are will be at the very extreme.” – CWS

“Our workers are at the stress point because the families who are left are complicated and require a lot of time and energy. The complexity of each case is worse.” – CWS

“Differential Response is catching the family before it hits crises level which in turn reduces our entry level.” – CWS

However, as described under the subheading “More Difficult Cases” on page 15, the assertion that families are more challenging is not supported by the available quantitative data. (Note: it is important to point out that there is limited data available to definitively assess the severity of cases entering the system.) The perception of cases becoming more difficult may be partly driven by the increasing demands on CWS workers from increased regulatory requirements and the additional workload created by the pilot strategies (e.g., performing Standardized Safety Assessments, convening and conducting TDM meetings, Family Finding activities, building working relationships with community partners, recruiting and managing volunteers, and so forth).

5. Staff turnover stunts program efficacy and is a drain on resources.

Turnover poses difficult challenges to child welfare programs – not only in cost, but in the time it takes to train new social workers in the complexities of the work. Also, turnover negatively impacts youth and families, disrupting key relationships as they struggling to navigate the system. Similarly, relationships with community partners are disrupted and can take time to rebuild.

“We have a hard time recruiting here because cost of living is so high. We have a lot of turnover, and social workers only last about two years. Staff shortages and turnover is one of the biggest challenges.” – CWS

"We've been short staffed and it causes people to be stressed – which leads to more turn-over and increased shortage of staff etc, etc."
– CWS

"Staff retention on both sides of the fence (CWS and CBOs) is a challenge. I have to apologize for staff turn-over, staff not trained or skilled. It jeopardizes the flow and dance. Staff retention is key to this functioning. When the CWS social workers get promoted it jeopardizes the staff relationships."
– Community Partner

6. In some cases, quantitative data does not yet reflect a program's success.

As was the case before implementation of the pilot strategies, counties continue to struggle to collect data that are both reliable and that capture a program's impacts. With several efforts happening at once, isolating and establishing cause is difficult if not impossible, depending on the circumstances. Even when a program's impact can be determined, inconsistencies in data entry can further complicate data interpretation.

"Intuitively, and anecdotally we are making a difference but we don't have the data readily available."
– CWS

"The reason we embrace DR initially is because we really want to keep kids with the families. We have the hope and gut feeling that DR is doing so, but we don't have the data yet."
– CWS

"Practices have changed so drastically since designing the system we can't capture all of the outcomes."
– CWS

7. SSA tools are not as useful in later phases of the process.

Workers generally spoke positively about the SSA's front-end tools, but frequently spoke negatively about the tools for later phases of the process, stating that little value was added or guidance provided. Many commented that they reluctantly fill them out after-the-fact just to stay in compliance. Workers, especially those using CAT, expressed resentment that the only impact they see from the later-phase tools is increased workload. Mirroring their sentiment, utilization rates for these tools are much lower than on the front end.

"It's not worth the effort on the back end."
– CWS

"For Permanency Planning the tool only takes a few minutes, but still, there is not a value added."
– CWS

"If people felt that the tool was adding value then they would use it."
– CWS

"In Adoption and Permanency Planning, the Continuing Services tool is almost a complete waste of time. We use it for stats. We have other ways we keep informed. It's really transferring case information to the tool. It's not adding value."
– CWS

8. The tools don't always reflect the reality of the situations CWS workers encounter, especially the CAT tools.

SDM Tools. Workers using the SDM pointed out some areas for improvement, particularly in its definitions. Some workers found the definitions to be outdated or not considerate of their county's particular culture. However, in general workers did not express a high degree

of distress over these issues, and were generally content to let the current improvement process take its course.

"There are some words in SDM that are very subjective. Like, was the physical abuse 'brutal'? You'll get different answers to that." – CWS

"I don't like the risk assessment aspect of the tool. SDM is the same across all counties. We have a lot of families who live in tents without electricity, but they were doing just fine. A lot of our families live off the grid here. If the tool tells us to open a case it doesn't always make sense." – CWS

CAT Tools. CAT users, on the other hand, frequently expressed fundamental issues with CAT's design, feeling it is too rigid and does not allow for the nuances inherent in real life. Other than the hotline tool, many social workers found the cat tools were not user-friendly and were of limited overall value.

"The questions on the CAT are either Yes, No, or Unknown. It doesn't capture the real answer. It's very binary." – CWS

"As an ER social worker, we feel it is purely statistical. It doesn't benefit me in the assessment I do – I'm going to come to the same decision without CAT. As a worker it is only means one more thing I have to do." – CWS

"I don't know anyone who reads the CAT tools; we go back and read the case-notes and court reports." – CWS

"None of us have ever changed our decision based on what the CAT tool says. It helps us count widgets so we can get our funding." – CWS

"CAT tools are not user friendly in the field or at home." – CWS

"When we do the final CAT form, we have to duplicate the information – the intake worker types in names and birthdates, the ER social worker types it all in – nothing populates across. By the time it hits the court worker, they have to manually input the information for each kid." – CWS

"It's really long and asks the same questions in different ways over and over." – CWS

In addition, Social workers expressed frustration with the CAT's lack of improvements.

"We're irritated because they are held up on revising the tools – it gets pretty contentious in those monthly meeting to improve the CAT tool. It's not user friendly." – CWS

"When they first sold it to us it was supposed to self-populate, and after all these years it still doesn't." – CWS

"Most of the CAT tool meetings just say that the programmer can't do it. I feel like we're servicing them, not the other way around." – CWS

Implications for the Child Welfare System in the Current Environment

During the Evaluation Team's final site visits, the current economic crisis was cited much more prominently as an issue for families, CWS agencies, and community partner organizations. Anticipating harder times to come, we asked each county to weigh in on which strategies and combinations of strategies achieved the greatest return for the resources invested, and what they consider to be the highest and lowest priorities for funding in times of shrinking budgets. Separately, the Evaluation Team developed its own list of priorities based on all of the data collected during the three-year evaluation process, including a review of the relevant literature. The following pages present the consensus of opinion regarding which strategies, and subsets or combinations of strategies, are most cost-effective and thus most important to maintain.

The Most Cost-Effective Strategies and Approaches

Conducting imminent risk and emergency placement TDMs. These TDMs were given high priority for several reasons. They mitigate safety risks and keep children out of the system, bring resources and information to the table at the case's inception, and provide families a better foundation to build upon. CWS staff repeatedly noted that these TDMs get families started on the right foot, the effects of which reverberate along their path to reunification.

"In imminent risk, we're talking to the family in the TDM about their immediate supports. And during the TDM others will step up and say they will, for example, pick up the kids from school and watch them until Dad gets home. We never would have thought of that as social workers. So we would have had to go to court, but with all the support in the room, we're often able not to remove the children."

– CWS

"TDMs have eliminated the need for our department to remove many children permanently, because through the process we have been able to provide services that maintain the child with the parent, or because we have friends or family at the table and so we are able to make a placement with relatives."

– CWS

"Front-end TDMs have a big impact – the child might not come into the system."

– CWS

"TDMs provide an opportunity to pull in so many resources. It's like 4 or 5 times more with the community resources. By them coming there's already a level of commitment from them and one-stop shopping for the family."

– CWS

"When we do have them (TDMs) on the front they are very successful. They divert the child from coming into the system, period."

– CWS

"A TDM is two hours, but the social worker would have to make contact with all of the parties and have conversations, which could take them 5-6 hours as opposed to the 2 hours with all the parties present. It's a lot quicker to set up and coordinate services with all of the support in the room."

– CWS

Applying up-front TDMs in tandem with other strategies. In many cases, up-front TDM's were seen as most effective when combined with other innovations, in particular front-end SSA and DR Path 2. Workers commented that SSA tools help them better target which families need a TDM in the first place, as well as better surfacing root issues, which gives families a better

chance to address them. Through DR, families are connected to services early and receive ongoing support.

“TDMs eliminate a lot of work load later in the case, keep the kids in the home. The services are tied together as we are keeping more kids in the home but those families are connected to services through the DR.”
– CWS

“TDMs and SDM are the best bang for the buck. There is a cost savings because you keep kids out of the system. With SDM hopefully the kids coming into the system are the ones that need to be in the system. My sense is if we were using both consistently and accurately we would have fewer kids come into the system.”
– CWS

“Without TDMs you would be forced to consider detention. Now you can wait to make a decision with the safety plan and the TDM, and we can be more creative and help kids keep kids with their family.”
– CWS

Conducting Family Finding as early and as frequently as possible. The pilot counties have identified, and studies have documented, the cost-effectiveness of Family Finding. This strategy is particularly effective for children placed in group homes – which are both high cost and produce relatively poor outcomes for children – when family members are located who can provide a home temporarily until reunification, or permanently. A particularly cost-effective approach used in some pilot counties is for paraprofessionals or retired social workers to conduct the search for lost family members. Los Angeles County brings back retired social workers on a part-time basis to perform the bulk of the Family Finding work. They are already familiar with the system, so need relatively little training to become proficient. Los Angeles is also piloting Family Finding efforts on the front end using administrative support staff for the search work. Humboldt uses paraprofessionals called “buddies” to perform searches.

“We used Family Finding for a child in a group home who had the potential need for a higher level of care. We were able to find his uncle, who said where the grandfather was. He was placed with the grandfather who told him, I’ve been looking for you my whole life.”
– CWS

“Family finding is inexpensive and should be used more.”
– CWS

“We have a new paraprofessional level of staff (Permanency Assistants) and based on the success of the P3 on the back-end, we have hired 30-40 Permanency Assistants on the front end to do Family Finding.”
– CWS

Focusing on Path 2, rather than Path 1, in Differential Response. Path 1 cases do not meet statutory requirements for a traditional CWS investigation. Some counties perceive that investing in Path 1 is not the best use of limited resources because Path 1 families are less likely than Path 2 families to have a subsequent re-referral resulting in substantiated abuse and/or neglect. Therefore, they focus their efforts on Path 2, where risk levels are often higher, targeting resources to achieve higher impact for families. (Data supporting this perception are provided in Appendix E).

“We overwhelmed the system when we decided to respond to every Path 1 referral, so we needed to find more funding, or focus on the population that it was most beneficial for, and provide more focused services.”
– CWS

Additional Cost-Effective Strategies

The following were not as widely implemented as the above strategies, nor as frequently mentioned by counties, but were considered by some counties to be very cost effective. Thus, quotes are attributed to specific counties in this section.

Integration with other departments. Placer, Humboldt and Glenn reduced administrative costs, increased ease of communication and collaboration, and enhanced program efficacy by operating within integrated administrative structures. For example, Placer has brought together Mental Health, Probation, Education, and Child Welfare in a single co-located administrative and services unit under the leadership of a multi-disciplinary management team, which allows them to reduce duplicative accountabilities and administrative costs.

"Since we integrated, we can do more about families in need." – PL

"Humboldt for the past 8 years has developed programs that include teaming. We are better positioned because we're an integrated county." – HU

"We work together. We are still under the Human Resources Agency together. It's Community Action Partnership. There's one administrative umbrella." – GL

Co-locating with other agencies. Some pilot counties are maximizing the effective use of resources by housing some of their social workers under the same roof as the agencies with whom they collaborate. In Los Angeles, for example, a social worker is out-stationed at the police department to facilitate hand-offs and reduce the coordination required when child welfare issues arise. DR workers in San Mateo share office space with their community partners, which enhances their working relationships and also reduces coordination efforts.

"When parents come to the desk at LAPD and have a problem, police officers can't do anything. Eventually, they will generate a referral. I'm co-located there. I'm there to divert to community resources and open a case if necessary." – LA

"Now there is a non-territorial desk at the CWS offices for the community partner workers. The CP and CWS worker see each other more and this allows for relationship building. In one case we're co-located, which is especially helpful." – SM

"I care about you because I see more of you – natural human behavior." – SM

In geographically-dispersed counties, assigning workers to regions. In counties such as Humboldt, Stanislaus, and San Mateo, DR workers are assigned to regions, which brings benefits similar to co-location such as ease of coordination and support for relationship building. Moreover, regionalization allows workers to build deeper relationships in particular geographic areas of their community and reduces travel time and costs.

"You are working with the same people over and over and it becomes easier and easier. You have meetings to help build the team; we're all learning as a group and within our own geographic area. It puts a face to it." – HU

"I like that we're divided by zip codes. A social worker's located in one area, so I know who I'm talking to and we have a relationship. We can check in on other families because we're both assigned geographically and work together often." – ST, Community Partner

“We made the change so that our DR partners were regionally placed in the communities they’re serving. They’re placed now at the 5 child welfare office regions. They spend less time on the road, especially with the San Mateo/Bay area traffic, and are getting to know the community better.”
– SM

Utilizing retired CWS staff and AmeriCorps workers for some aspects of Family Finding and Differential Response. Several pilot counties have explored using resources other than traditional full-time program staff to support the implementation and delivery of services. One example is the use of staff, in some cases social workers, as part-time resources to conduct Family Finding activities (and in some cases, they work with clerical staff who do some of the internet research and other legwork). Also, AmeriCorps workers have been utilized to provide Path 1 services, particularly in smaller counties like Trinity, Glenn and Humboldt where community partners like Family Resource Centers are not as prevalent. Though training efforts and turnover are concerns with utilizing these workers, their dramatically lower cost compared to licensed social workers has been found to make the trade-off positive.

“By bringing back a retired social worker part-time, we are paying less in salary and benefits but getting a high level of expertise.”
– LA

“We have a wonderful AmeriCorps member - full-time. We’re just blessed with the individual. That’s how we can do the whole thing.”
– HU

“CWS in this county have contracted with AmeriCorps to provide direct services to our clients. We have used Path 1 for that purpose.”
– TR

“AmeriCorps frees up social workers to work on more serious cases.”
– GL

“There’s a decrease in the caseload since the integration of AmeriCorps. That helped minimize the caseload for our community partners too.”
– GL

The Need for More Fundamental Change: Beyond Program Boundaries

The current economic crisis increases the importance of achieving fundamental system change that leads to better outcomes at less cost to taxpayers. Thus, the cost-effective practices identified above are important and timely. However, the extent of California’s budget shortfall will require even greater innovation and broader systems change than cuts being made independently within various programs. Foster care, public health and social services, mental health, and alcohol and drug programs all provide complementary services, often to the same individuals and population groups. Historically, bureaucratic silos and complex funding structures have made it difficult to look across programs to find more effective ways to deliver services. The current crisis requires that this be undertaken urgently and with the program commitment and political will to achieve the kind of fundamental change that has been exemplified in the pilot counties.

APPENDICES

Appendix A: Historical Trends in Child Welfare Services

Evolution of the Focus of Child Welfare

The approach to child welfare has evolved over time. While initial efforts focused almost exclusively on child safety, through the decades the child welfare system has increasingly attempted to balance the tension between three objectives: child safety, permanency, and well-being.

Early child welfare efforts were primarily aimed at safety – protecting children from neglect – with little consideration for keeping families together or reunifying them. The Children’s Aid Society, formed in 1853, removed neglected, abandoned, and homeless children from the streets of New York and shipped them by train out west to families in rural communities.³⁴ The Orphan Train movement, as it became known, resulted in what may be considered the first identifiable foster care system in this country. Early protection efforts focused on children being “placed out,” severing all ties to their families and communities. Rarely was any effort made to reunify children with their family of origin. The result was a rapid increase in the number of children in out-of-home placement.³⁵

In the 1870s, the Society for the Prevention of Cruelty to Children was formed and the first laws relating to child abuse and neglect were enacted. A new approach to out-of-home care followed, supported by the first White House Conference on Children in 1909. Increased emphasis was placed on preventative services and family restoration. Nonetheless, studies in the mid-1900s, most notably Mass and Engler’s study *Children in Need of Parents*, concluded that far too many children were languishing in foster care, drifting from home to home without ever establishing permanency.

The publication of the *Battered Child Syndrome* by C. Henry Kempe in 1962 brought child abuse and neglect to the attention of the American public.^{36,37} In 1974, Congress acknowledged this as a significant social problem with the enactment of the Child Abuse Prevention and Treatment Act (CAPTA).³⁸ This law initiated the collection of national statistics, provided funding for demonstration projects and research, and offered funding to the states for prevention and treatment of child abuse and neglect. CAPTA funding was contingent upon the establishment of mandated reporting laws in the states.

The increased public attention, coupled with mandated reporting laws, contributed to a growing number of children in out-of-home care in the United States. By the late 1970s, there

³⁴ The Children’s Aid Society, “History,” August 9, 2007, <<http://www.childrensaidsociety.org/about/history>>

³⁵ Thomas McDonald, Reva Allen, Alex Westerfelt, and Irving Piliavin. *Assessing the long-term effects of foster care: A research synthesis*, CWLA Press: Washington DC, 1996.

³⁶ Thomas McDonald, Reva Allen, Alex Westerfelt, and Irving Piliavin. *Assessing the long-term effects of foster care: A research synthesis*, CWLA Press: Washington DC, 1996.

³⁷ Dorothy Bradberry, “Four Decades of Action for Children, A Short History of the Children’s Bureau,” August 9, 2007. <<http://www.ssa.gov/history/pdf/child1.pdf>>

³⁸ Patrick Curtis, “Introduction: The Chronic Nature of the Foster Care Crises,” *The Foster Care Crises: Translating Research into Policy and Practice* ed. Patrick Curtis, Grady Dale Jr. and Joshua Kendall . Nebraska: CWLA, 1999.

were over one-half million children in the foster care system. Many of them aged out of foster care without ever achieving permanency. Studies have found that outcomes for children emancipating from CWS are often bleak: poor academic performance, high unemployment, homelessness, welfare dependency, and disproportionate rates of mental health issues and incarceration. Foster care, which had previously been viewed as the solution to child abuse and neglect, became viewed as a part of the problem.^{39,40,41}

In response, the family preservation and permanency planning movement was launched, leading to the enactment of the 1980 Adoption Assistance and Child Welfare Act.⁴² The Act required states to make reasonable efforts to prevent children from entering foster care, to return children in foster care to their families whenever possible, and to find another permanent home for them in cases where reunification was not possible. CWS focused on family preservation and permanency planning, which resulted in a drop in foster care caseloads in the early 1980s. However, after a few years, the trend of declining numbers of children in care reversed. This was driven largely by the rise in illicit drug use (especially crack cocaine and methamphetamine), recession-related high unemployment rates, and poverty. Public attention was again drawn to the child welfare system. The nation heard horrific stories of children in foster care being severely neglected, sexually and physically abused, and sometimes even murdered.⁴³ In 1997, Congress passed the Adoption and Safe Families Act (ASFA), reauthorizing and increasing funding for family preservation and support. It also proclaimed that a child's health and safety must be paramount in any efforts made by the state to preserve or reunify the child's family.^{44,45} ASFA included provisions to develop outcome-based evaluation measures of CWS systems, which were finalized in 2000. At that time the Children's Bureau of the U.S. Department of Health and Human Services began conducting Child and Family Services Reviews in each state. California's child welfare system was reviewed in 2002, and a two-year program improvement plan was implemented in June 2003.

The Current Situation: Complex Problems, High Need for Services

Societal factors continue to drive referrals to CWS, including substance abuse, poverty, homelessness, mental health, and domestic violence. The majority of children are referred to CWS for reasons related to neglect – reasons that might have been mitigated by provision of basic needs, rehabilitation and treatment programs, and family support services. Thus, the societal problems driving child abuse and neglect are increasingly being recognized as systemic social issues that require thoughtful and consistent solutions involving multiple agencies and

³⁹ Peter Pecora, Ronald Kessler, Jason Williams, Kirk O'Brien, Chris Downs, Diana English, James White, Eva Hiripi, Catherine White, Tamera Wiggins, and Kate Holmes, "Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study," August 9, 2007. <<http://www.casey.org>>

⁴⁰ "Youth After Foster Care: Housing and Homelessness," August 9, 2007. <<http://www.cwla.org/programs/fostercare/factsheetafter.htm>>

⁴¹ Child Welfare in California: Facts at a Glance," July 5, 2007. <<http://www.cwsredesign.ca.gov/res/pdf/facts.pdf>>

⁴² Thomas McDonald, Reva Allen, Alex Westerfelt, and Irving Piliavin. *Assessing the long-term effects of foster care: A research synthesis*, CWLA Press: Washington DC, 1996.

⁴³ "Child Welfare Reform: Will Recent Changes Make at-Risk Children Safer?," *CQ Researcher* 2005, 15:345-368, September 4, 2007. <www.thecqresearcher.com>

⁴⁴ House of Ways and Means, Green Book, August 2007. <<http://waysandmeans.house.gov/media/pdf/greenbook2003/Section11.pdf>>

⁴⁵ Patricia Schene "Past, Present, and Future of Child Protective Services", *The Future of Children: Protecting Children from Abuse and Neglect* 1998, 8: 23-38, October 15, 2007.

children and families themselves.^{46,47} The CWS system alone cannot address the monumental and growing problem of child abuse and neglect in this country.

California has not been exempt from these trends. It has the nation's largest CWS system, with approximately 20% of the national caseload.⁴⁸ It is also one of the most complex. The State of California sets policy and provides oversight, while the 58 counties administer the CWS program. Recognizing the trends affecting CWS, California has made significant progress within the last decade to improve its child welfare system. It has been moving from reliance on foster care to supporting children and families, and attempting to remove barriers to permanency when children cannot return home. One example of that progress is the Kinship-Guardian Assistance Payment (Kin-GAP) program implemented in 2000. Kin-GAP has allowed relatives to provide permanent homes for thousands of children in the foster care system by allowing those relatives to receive a subsidy to serve as legal guardians.

⁴⁶ "Child Welfare: Poverty and Families in Crises," The State of America's Children 2005, The Children's Defense Fund, October 15, 2007.

⁴⁷ "CWS Redesign: The Future of California's Child Welfare Services Final Report," CWS Stakeholder Group 2003, May 20, 2007.
<<http://www.cwsredesign.ca.gov>>

⁴⁸ "CWS Redesign: The Future of California's Child Welfare Services Final Report," CWS Stakeholder Group 2003, May 20, 2007.
<<http://www.cwsredesign.ca.gov>>

Appendix B: Chronology and Legislative History of Child Welfare Services

1853 - Children's Aid to Society of New York was Founded

The Children's Aid Society was founded by Charles Loring Brace. In an effort to remove abandoned, homeless and neglected children from the streets of New York and place them with farm families, the Children's Aid Society began what is now known as the Orphan Train movement. The Orphan Train movement was in essence the first foster care system moving and placing more than 120,000 abandoned, abused and orphaned children with families on farms across the country between 1853 and 1929.

1875 - The Society for the Prevention of Cruelty to Children was formed

In 1875 the Society for the Prevention of Cruelty to Children was formed to protect the rights of children. Along with similar groups, the Society campaigned for a series of legal reforms in the 1870's and 80's that resulted in a child neglect statute which granted the state the right to assume custody of children. A separate court system for children was the outcome of those efforts.

1912 – U.S. Children's Bureau established

The Children's Bureau was created by President Taft in 1912 for the purpose of investigating and reporting "upon all matters pertaining to the welfare of children and child life among all classes of our people."

1935 - Social Security Act Title IV and V

Social Security Act, Title IV, provided for the Aid to Dependent Children and Title V, for the purpose of enabling the United States, through the Children's Bureau, to cooperate with state public-welfare agencies establishing, extending, and strengthening public child welfare services for the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent.

1961 - Title IV-A of the Social Security Act, Foster Care Payments Under Aid to Dependent Children

The 1961 Title IV-A of the Social Security Act provided federal funding, on behalf of children who are eligible for cash assistance and who live in foster care, to assist foster parents in covering expenses related to children's food, shelter, clothing, supervision, travel, etc.

1963 – First Child Abuse Reporting Law in California, PC Sections 11164 - 11174.3

The first child abuse reporting law in California required that Physicians reported suspected child abuse and neglect to authorities. The law has changed considerably over the years and expanded the list of professionals who are considered mandated reporters.

1974 - Child Abuse Prevention and Treatment Act (CAPTA), Public Law 93-247

CAPTA provided Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities and provided grants to public agencies and nonprofit organizations for demonstration programs and projects. CAPTA identified the Federal role in supporting research, evaluation, technical assistance, and data collection activities; established the Office on Child Abuse and Neglect; and mandated Child Welfare Information Gateway. CAPTA also set forth a minimum definition of child abuse and neglect. CAPTA was amended several times and was most recently amended and reauthorized on June 25, 2003, by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36).

1975 - The Social Services Block Grant, Title XX of the Social Security Act

This block grant provided funds for state social services to low-income individuals. A proportion of those funds paid for services related to child protection, including prevention, treatment programs, and foster care and adoption services.

1978 - The Indian Child Welfare Act (ICWA), Public Law 95-608

ICWA strengthened the role played by tribal governments in determining the custody of Indian children, and specified that preference should be given to placements with extended family, then to Indian foster homes. Grants to allow tribes and Indian organizations to deliver preventive services were authorized.

1980 - The Adoption Assistance and Child Welfare Act, Public Law 96-272

The Adoption Assistance and Child Welfare Act was passed by Congress in 1980 and requires states to make "reasonable efforts" to prevent children from entering foster care, and to return children who are in foster care to their families. The development of family preservation programs were one outcome of this act.

1982 - Senate Bill 14 Establish and Support Public System of CWS

SB 14 required the state, through the Department of Social Services and county welfare departments, to establish and support a public system of statewide Child Welfare Services. Each county welfare department is required to maintain four specialized components: Emergency Response, Family Maintenance, Family Reunification and Permanent Placement.

1986 Independent Living Program Act (ILPA), Federal Public Law 99-272

Congress authorized the Independent Living Program out of concern that adolescents were aging out of the foster care system ill-equipped to live on their own. ILPA provided funding for states to help older foster youth make the transition from foster care to independence.

1988 - Child Abuse Prevention and Treatment Act (CAPTA) amended

CAPTA was amended to establish a national data collection and analysis program that would make available state child abuse and neglect reporting information.

1989 – Senate Bill 370 (Chapter 1294, Statutes of 1989) Child Welfare Services Case Management System

The development and implementation of the Child Welfare Services Case Management System (CWS/CMS), a centralized, statewide on-line computer database system that tracks individual CWS cases throughout the life of the case from referral through termination of services, was authorized.

1991 – California Assembly Bill 948

California state law increased the county share of cost for foster care and child welfare services as a means to increase fiscal incentives to avoid or limit expensive foster care placements.

1993 - The Family Preservation and Support Initiative, Public Law 103-66

Provided funds to the states for family preservation and support planning and services. The aim was to help communities build a system of family support services to assist vulnerable children and families prior to maltreatment. Family preservation services were funded to help families suffering crises that may lead to the placement of their children in foster care.

1993 - Omnibus Budget Reconciliation Act (OBRA) of 1993, Public Law 103-66, Title XIII, Section 13713

Provided states with the opportunity to obtain 75 percent enhanced funding through the Title IV-E program of the Social Security Act to plan, design, develop, and implement a Statewide Automated Child Welfare Information System (SACWIS).

1994 – Assembly Bill 3364 Family Preservation/Family Support Program

California state law establishes the California Family Preservation and Family Support Program consistent with federal requirements.

1996 - California Kinship Care Policy Summit

California Department of Social Services and the County Welfare Directors Association sponsored the Kinship Care in California Policy Summit. The event resulted in the development of a multiagency work plan including policy and practice reforms to improve services and supports for children in foster care placed with relatives.

1997 - The Adoption and Safe Families Act (AFSA), Public Law 105-89

AFSA reauthorized and increased funding for the Family Preservation and Support initiative and changed its name to Promoting Safe and Stable Families (PSSF). PSSF was designed to promote adoption and ensure safety for children in foster care. The law established that a child's health and safety must be of paramount concern in any efforts made by the state to preserve or reunify the child's family. The law retained, but clarified the requirement that States make "reasonable efforts" to preserve or reunify a child's family, establishing exceptions to this requirement. Also to promote safety, AFSA required States to conduct criminal background checks for all prospective foster or adoptive parents, and required States to develop standards

to ensure quality services that protect children's health and safety while in foster care. To promote permanency, the law required States to make reasonable efforts to place children, in a timely manner, who have permanency plans of adoption or another alternative to family reunification, and to document these efforts.

Further, provisions were intended to eliminate inter-jurisdictional barriers to adoption. AFSA required that permanency hearings occur within 12 months of a child's placement in foster care, rather than the first 18 months. The law also revised the list of permanency goals, eliminating specific reference to long-term foster care, and required that foster parents, pre-adoptive parents, and relative care givers be given notice and opportunity to be heard at reviews and hearings.

1997 California Assembly Bill 1193 – Kinship Support Services Program

California state law established the Kinship Support Services Program to provide community-based support for relatives caring for children placed in their homes by the juvenile court or children who are at risk of abuse, neglect or delinquency.

1998 - Senate Bill 163 - Wrap Around Services Pilot Program

California SB 163 provided opportunities for counties to participate in a pilot program which provided intensive wraparound services to families and children in or at risk of high-level group care in order to reduce the need for placement.

1998 Senate Bill 1901 - Kinship Guardianship Assistance Payment Program

California state law established the Kinship Guardianship Assistance Payment Program to provide a subsidy for children placed in legal guardianship with a relative.

1998 Senate Bill 933 – Group Home Reform and Establishment of Foster Care Ombudsman Program

California state law enacted numerous reforms to the group home system and created the Foster Care Ombudsperson program to provide an outlet for foster youth as well as advocate to report and resolve problems and concerns.

1998 Assembly Bill 2773 – Implementation of the Federal Adoption and Safe Families Act

California state law implements the federal Adoption and Safe Families Act and shortens timeframes for reunification.

1998 Senate Bill 2030 – CWS Workload Evaluation

California state law requires the California Department of Social Services to evaluate workload and budgeting methodologies to determine funding required for the provision of sufficient child welfare services.

1998 Assembly Bill 1544 – Concurrent Planning

AB 1544, concurrent planning, required a case plan be developed for every child entering the CWS system which includes an alternative to reunification in case reunification is unable to happen. The alternative plans are: adoption, guardianship, emancipation.

1999 - Foster Care Independence Act (Chafee Act), Federal Public Law 106-169

The Foster Care Independence Act provided States with more funding and greater flexibility in carrying out programs designed to help children make the transition from foster care to self-sufficiency, and for other purposes. The Act Improved the independent living program, increased the amount of allowable assets for children in foster care, and provided states an option of Medicaid coverage for adolescents leaving foster care.

2000 - Title IV-E Foster Care Eligibility Reviews and Child and Family Services State Plan Reviews

An outcomes focus was established for the child and family services reviews which was intended to promote increased *safety* for children who are maltreated; quicker movement to permanent homes and families for children in foster care; and enhanced well-being for families who are served by state agencies.

2000 – California Assembly Bill 1740 - Child Welfare Services Stakeholders Group

The Child Welfare Services Stakeholders Group was established to examine current child welfare programs and propose a redesigned CWS system.

2000 – California Senate Bill 2030 - Welfare Workload Study Released

California Department of Social Services releases Child Welfare Workload Study as required by state law. The study revealed that child welfare social worker workloads were, on average, double what they needed to be to provide the minimum required services.

2001 Assembly Bill 636 - Child Welfare System Improvement and Accountability Act

The Child Welfare System Improvement and Accountability Act (Assembly Bill 636, Chapter 678, Statutes of 2001, Steinberg), was enacted in an effort to develop, monitor, and improve outcomes for children in the child welfare system.

2002 - Federal Child and Family Services Review of California's CWS system

The Children's Bureau of the U.S. Department of Health and Human Services (DHHS) conducted their Child and Family Services Review (CFSR) of California's child welfare system.

2003 - Adoption Promotion Act, Public Law 108-145

Reauthorized the adoption incentive program under Title IV-E; provided additional incentives for adoption of older children (age 9 and older) from foster care.

2003 - Keeping Children and Families Safe Act, Public Law 108–36

Extended and amended the Child Abuse Prevention and Treatment Act which helped states improve practices in preventing and treating child abuse and neglect, including a basic state grant program for improving the child protective services (CPS) system infrastructure, a discretionary grant program for research, program demonstrations, training, and other innovative activities, and a grant program focused on community-based prevention efforts to develop, operate, and enhance initiatives aimed at the prevention of child abuse and neglect and to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect.

2003 - The Child Welfare Services Stakeholders Group Final Report

The Child Welfare Services Stakeholders Group publishes its final report on overhauling California's child welfare system and shifts efforts toward implementation. The final report is referred to as the Child Welfare Services Redesign.

2003 – Federal Child and Family Services Review Report Released (CFSR)

According to the Federal CFSR, based on information collected from the case reviews and the State Data Profile, California did not achieve significant compliance with any of the safety, permanency, and well-being outcomes.

FY 2003/2004 monies were appropriated to fund the 11 Pilot Counties

Monies were appropriated to support the planning, development, technical assistance and early implementation of the three pilot strategies in the 11 pilot counties.

2004 - California's Child Welfare System Improvement and Accountability Act Implemented

On January 1 2004, the California's Child Welfare System Improvement and Accountability Act went into effect. The four components of the California Child and Family Services Review (C-CFSR) system, 1) quantitative quarterly reports, 2) qualitative case reviews, 3) county self-assessments, and 4) the development of county system improvement plans were implemented.

2005 - Deficit Reduction Act, Public Law 109-171

Title VII of this act provides for reauthorization of the TANF program, Healthy Marriage and Family funds, Court Improvement Program, Safe and Stable Families Program, and other child welfare programs.

2005 - Fair Access Foster Care Act, Public Law 109-113

Amended part E of title IV of the Social Security Act to allow foster care maintenance payments to be paid on behalf of eligible children through a nonprofit or for-profit child-placement or child care agency.

2006 - Child and Family Services Improvement Act, Public Law 109-288

Reauthorized the Promoting Safe and Stable Families (PSSF) program through FY2011, and increased set-asides for Indian tribes. The Act reserves funds for States to develop activities designed to improve caseworker retention, recruitment, training, and ability to access the benefits of technology, as well as to support monthly caseworker visits to children in foster care.

2006 - Tax Relief and Health Care Act, Public Law 109-432

Amended the Internal Revenue Code of 1986 to extend expiring provisions, and for other purposes Division B, section 405 of the Act amended the Social Security Act to exempt all foster children assisted under title IV-B or IV-E and children receiving title IV-E adoption assistance from the Medicaid citizenship documentation requirements of the Deficit Reduction Act of 2005.

2006 - Child and Family Services Improvement Act, Public Law 109-288

Amended part B of title IV of the Social Security Act to reauthorize the Promoting Safe and Stable Families (PSSF) program, and for other purposes.

2006 - Adam Walsh Child Protection and Safety Act, Public Law 109-248

This law is designed to protect children from sexual exploitation and violent crime; to prevent child abuse and child pornography with an emphasis on comprehensive strategies across Federal/State/local communities to prevent sex offenders access to children; to promote Internet safety; and to honor the memory of Adam Walsh and other child crime victims. Requires 1) fingerprint-based checks of the national crime information databases (NCID) for prospective foster or adoptive parents, and 2) checks of state child abuse and neglect registries in which the prospective foster or adoptive parents and any other adults living in the home have resided in the preceding 5 years Permitted States that prior to September 30, 2005, had opted out of the criminal background checks until October 1, 2008, to comply with the fingerprint-based background check requirement; after October 1, 2008, no state is exempt from those requirements.

2006 - Safe and Timely Interstate Placement of Foster Children Act, Public Law 109-239

Improved protections for children and to hold States accountable for the safe and timely placement of children across state lines.

2007 – Standardized Safety Assessments conducted in All Counties

As of June 2007 all counties have either implemented or are in the process of implementing a Standardized Safety Assessment.

2008 - Fostering Connections to Success and Increasing Adoptions Act, Public Law 110-351⁴⁹

Amended parts B and E of title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access, improve incentives for adoption, and for other purposes.

Requires fingerprint-based criminal records checks of relative guardians, and child abuse and neglect registry checks of relative guardians and adults living in the guardian's home, before a relative guardian may receive title IV-E kinship guardianship assistance payments on behalf of a child.

Requires title IV-E agencies to make reasonable efforts to place siblings removed from their home in the same foster care, adoption, or guardianship placement.

Permits title IV-E agencies to waive on a case-by-case basis a non-safety licensing standard for a relative foster family home.

Extended the Adoption Incentive Program through FY 2013 and doubled incentive payment amounts for special needs (to \$4,000) and older child adoptions (to \$8,000).

Authorized grants to state, local, or Tribal child welfare agencies and private nonprofit organizations for the purpose of helping children who are in or at-risk of foster care reconnect with family members through:

- Kinship navigator programs

- Efforts to find biological family and reestablish relationships

- Family group decision-making meetings

- Residential family treatment programs

2008 – Federal Child and Family Services Review⁵⁰

California's CFSR was conducted February 4, 2008. The period under review for the case reviews was from October 1, 2006, through February 4, 2008. The findings were derived from the following documents and data collection procedures: The Statewide Assessment, prepared by the California Department of Social Services (CDSS), Division of Children and Family Services.

⁴⁹ Major Federal Legislation Concerned With Child Protection, Child Welfare, and Adoption Fact Sheet, Child Welfare Information Gateway, retrieved from www.childwelfare.gov/pubs/otherpubs/majorfedlegis.cfm

⁵⁰ *Child and Family Services Reviews CFSR Final Report: California (2008)*. Children's Bureau, U.S. Department of Health and Human Services, Administration for Children and Families, retrieved from <http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm>

Appendix C: Past Studies Regarding the Three Pilot Strategies

The three pilot strategies were selected in large part because they were research-based or already-proven practices such as Family to Family and alternative response programs that had been implemented in other states and, in some cases, various counties in California. Research showed these approaches to be likely to achieve positive improvement in safety, permanency and well-being outcomes.

Studies conducted prior to the initiation of the pilot project, and some completed since, have shown promising results. For example:

According to the *National Study on Differential Response in Child Welfare* conducted by the American Humane Association and Child Welfare League of America, families receiving alternative response services were more likely to be receptive to, and engaged in, services. Recidivism rates were lower, families had fewer subsequent allegations of child abuse and neglect, and when subsequent reports were made they were of less severity. These families also had significantly fewer children subsequently removed and placed in foster care.⁵¹

Similarly, according to the *What Works Policy Brief: Differential Response Findings*, an alternative response system in Minnesota achieved success in both safety outcomes and in strengthening families. Social workers viewed it as a more effective way of approaching families, and families, appreciated both how they were treated and being involved in the decision-making process.⁵²

Family to Family's Team Decision-making Meetings, an approach developed as part of the Annie E. Casey Foundation's Family to Family initiative, were implemented in Alaska with positive results. When these meetings involved a full network of supportive adults, 70 percent of the children were able to stay at home with their birth family or a relative. These children would have been placed in foster care if the Family to Family strategies had not been implemented.⁵³

The results of another approach similar to Team Decision-making Meetings were documented in *Promising Results, Potential New Directions: International Family Group Decision Making Research and Evaluation*. This study showed positive outcomes when families were involved in the child welfare process, particularly in meetings regarding decisions about their children. Outcomes included reductions in re-abuse rates, a higher percentage of out-of-home placements with extended family members, more stable placements, high recurrence of timely reunification, and lower recurrence of both abuse and re-entry to care.⁵⁴

⁵¹ Lisa Merkel-Holguin, Caren Kaplan, and Alina Kwak, "National Study on Differential Response in Child Welfare," 2006, American Humane Association and Child Welfare League of America, October 15, 2007.

<http://www.americanhumane.org/site/PageServer?pagename=pc_initiatives_differential>

⁵² *What Works Policy Brief: Differential Response Findings*, State of Minnesota evaluation report, Summer 2005.

⁵³ As cited on the Family to Family Annie E Casey Website, retrieved Nov 12, 2007. <<http://www.aecf.org/MajorInitiatives/Family%20to%20Family/Results.aspx>>

⁵⁴ *Promising Results, Potential New Directions: International Family Group Decision Making Research and Evaluation*, in Child Welfare, Protecting Children, Volume 18, Numbers 1&2, American Humane Association, 2003.

Family finding is another approach that showed promise. For example, in Alameda County, California, a pilot project evaluation documented the effectiveness of Family Finding efforts for children who had been in long-term group home care. According to the *Group Home Step Up Project: Moving Up and Out of Congregate Care Final Report*, at the end of the six-month pilot project more than half of the 72 youth involved in the project were placed with family or were slated for placement with family within 3 months. Many of these were the result of social workers discovering relatives, including fathers listed as “whereabouts unknown” in the case records, or “fictive” kin, defined as “individuals that are unrelated by either birth or marriage who have an emotionally significant relationship with another individual that would take on the characteristics of a family relationship.”⁵⁵ Twelve of the youth intentionally remained in congregate care with the decision that completion of the treatment program was necessary, but family had been located and were actively involved in the treatment program.⁵⁶

Structured Decision Making, one of two approaches used to implement Standardized Safety Assessment in the pilot counties, demonstrated positive benefits according to a recent report titled *Early Impacts of Structured Decision Making on Child Protective Services in Virginia*. Locations within Virginia that used Structured Decision Making were significantly more likely to screen out referrals, identify safety-related issues in the household, and develop safety plans as a result of identifying these issues. Furthermore, children in these localities were significantly less likely to have a repeat valid referral, and were no more or less likely to experience repeat maltreatment.

⁵⁵ As defined on the website adoption.com, retrieved December 15, 2007. < <http://glossary.adoption.com/fictive-kin.html> >

⁵⁶ *Group Home StepUp Project: Moving Up and Out of Congregate Care Final Report*, Alameda County Children and Family Services, with assistance from Casey Family Programs and California Permanency for youth Project, August 2005.

Appendix D: Additional Permanency and Youth Transition Approaches

As noted in on pages 10-11 above, Permanency and Youth Transition (PYT) encompasses a range of possible tools and approaches, and of the three pilot strategies, offers the most flexible and expansive opportunity for counties to combine a variety of mechanisms to achieve the desired outcomes. The body of this report describes three PYT approaches that are commonly applied in the pilot counties: Team Decision Making, Family and Youth Engagement in Case Planning, and Family Finding. The following are additional approaches and methods being used in pilot counties, and may be in use in non-pilot counties as well.

Adoption Services. Some counties collaborate with adoption service agencies that emphasize finding permanent homes for older youth. Social workers refer youth to the program and adoption agency workers seek an appropriate adoptive home.

Youth Mentoring Programs. Mentoring programs match foster youth with caring adults age 21 and older. These adults commit to providing a consistent connection to the youth, engaging them in constructive activities, encouraging them to develop positive attitudes and behaviors, and generally enriching their lives. Activities may include music, the arts, sports, nature, volunteer services, and dining out. In many cases, these events are the youth's "firsts." The program provides a meaningful connection to an adult or adults who provide a positive influence in their lives.

“Parent Partners” and Other Family Mentoring Programs. Parent Partners support and mentor parents who are currently working to reunify with their children. These mentors are themselves parents whose children were removed from their homes and have subsequently been reunified. They are trained to support birth and foster parents. Parent Partners are often highly involved with the family from the time they enter the system, during their involvement with the system, and sometimes afterward.

California Permanency for Youth Project. The California Permanency for Youth Project (CPYP) provides technical assistance to counties and community organizations to implement new practices to achieve permanency for children. The project also strives to increase awareness of the need for permanency among child welfare agencies, California legislators, judicial officers, and other stakeholders. CPYP, a project of the Public Health Institute, was initiated in 2003 with a grant from the Stuart Foundation.

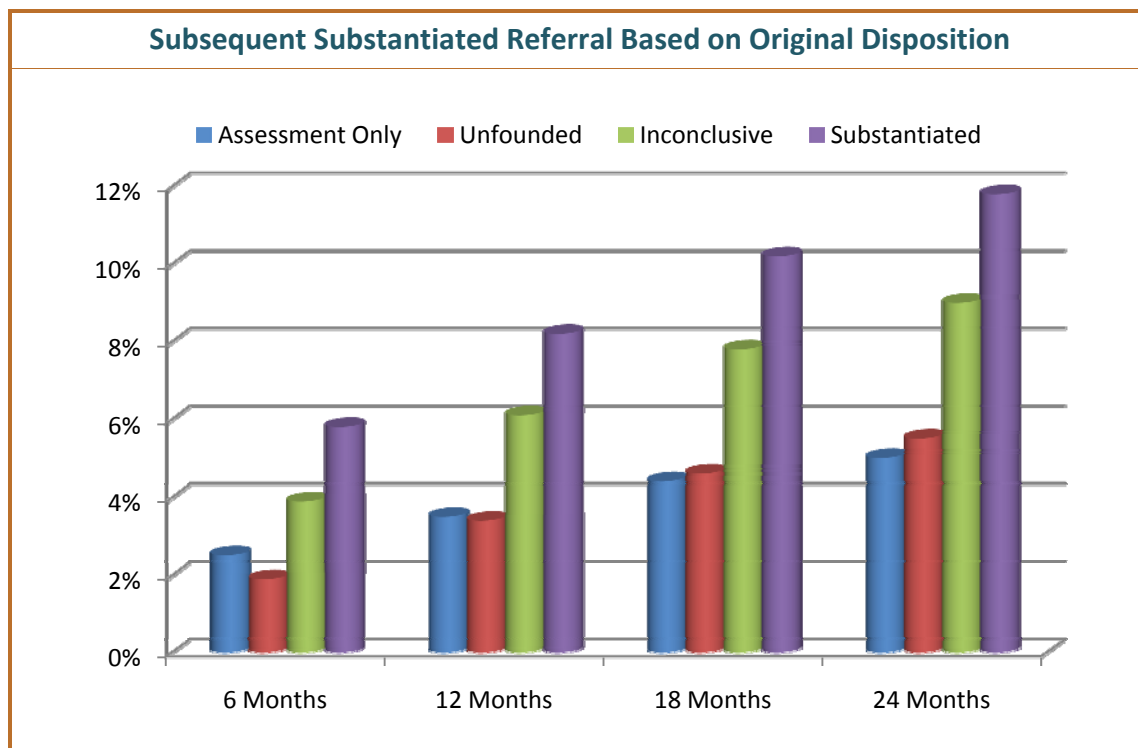
Permanency and Youth Transition Events, Publications, and Linkages. Examples of Permanency and Youth Transition events include youth conferences, holiday celebrations, graduation dinners, awards ceremonies, and community service activities. Publications include newsletters, articles, and reports that provide information relevant to foster youth who are transitioning to adulthood. Linkages include programs in the schools to assist foster youth with classes, inter-organizational case management services, and other types of multi-agency collaboration.

Appendix E: Subsequent Substantiated Referral based on Original Disposition

As noted in the final section of this report, “Implications for the Child Welfare System in the Current Environment,” some counties perceive that Path 1 cases are much less likely to come into the system than Path 2 cases. This perception is supported by the following data. As the last column on the table below shows, if the original disposition was:

- **Assessment Only:** 5.0% had a substantiated referral during the next 24 months.
- **Unfounded:** 5.5% had a substantiated referral during the next 24 months.
- **Inconclusive:** 9.0% had a substantiated referral during the next 24 months.
- **Substantiated:** 11.8% had a substantiated referral during the next 24 months.

The following chart shows that the percentage of subsequent substantiated referrals increases over time, most dramatically for those that were originally substantiated.



	6 Months	12 Months	18 Months	24 Months
Assessment Only	2.5%	3.5%	4.4%	5.0%
Unfounded	1.9%	3.4%	4.6%	5.5%
Inconclusive	3.9%	6.1%	7.8%	9.0%
Substantiated	5.8%	8.2%	10.2%	11.8%

Referrals that resulted in a *Substantiated* or *Inconclusive* disposition were more likely to have a subsequent substantiated referral within 6, 12, 18, and 24 months than those that resulted in a disposition of *Assessment* or *Unfounded*.

Appendix F: Glossary of Abbreviations

AFSA: Adoption and Safe Families Act

CAPTA: Child Abuse Prevention and Treatment Act

CAT: Comprehensive Assessment Tool

CBO's: Community Based Organizations

CDSS: California Department of Social Services

CPYP: Annie E. Casey Foundation's California Permanency for Youth Project

CRC: Children's Research Center (the SDM contractor for all California Counties)

CWS: Child Welfare Services

CWS/CMS: Child Welfare Services/Case Management System

DR: Differential Response

DCFS: Division of Children and Family Services, California Department of Social Services

ER: Emergency Response

FFA: Foster Family Agency

HOPE program: Humboldt Offers Permanency to Everyone

ICWA: Indian Child Welfare Act

ILP: Independent Living Program

Kin-GAP: Kinship-Guardian Assistance Payment Program

NREFMs : Non-Relative Extended Family Members

P3 Program: Parent Partners Program in Los Angeles County

PYT: Permanency and Youth Transition

SSA: Standardized Safety Assessment

SDM: Structured Decision Making